

**MEDICARE COST REPORT**

**COMMUNITY MEMORIAL HOSPITAL**

**Year ended June 30, 2010**



CPAs and  
Management Consultants

One South Memorial Drive, Ste. 950  
St. Louis, MO 63102-2439  
ph 314.231.6232  
fax 314.231.0079  
www.kebcpa.com

Board of Directors  
Community Memorial Hospital

We have compiled the Hospital and Hospital Health Care Complex Cost Report, Form CMS 2552-96 of Community Memorial Hospital for the year ended June 30, 2010, included in the accompanying prescribed form in accordance with Statements on Standard for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form prescribed by the Centers for Medicare & Medicaid Services information that is the representation of management. We have not audited or reviewed the cost report referred to above and, accordingly, do not express an opinion or any other form of assurance on it.

The Hospital and Hospital Health Care Complex Cost Report, Form CMS 2552-96 is presented in accordance with the requirements of the Centers for Medicare & Medicaid Services, which differ from generally accepted accounting principles. Accordingly, the cost report is not designed for those who are not informed about such differences.

*Kerber, Eck + Braeckel LLP*

St. Louis, Missouri  
November 4, 2010

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Other Locations

Belleville, IL • Carbondale, IL • Springfield, IL • Jacksonville, IL • Cape Girardeau, MO • Milwaukee, WI

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09  
11/04/2010 13:04

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT  
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
PARTS I & II

INTERMEDIARY [ ] AUDITED  
USE ONLY: [ ] DESK REVIEWED

DATE RECEIVED [ ] INITIAL [ ] RE-OPENING  
INTERMEDIARY NO. [ ] FINAL [ ] MCR CODE

PART I - CERTIFICATION

CHECK  
APPLICABLE BOX

XX ELECTRONICALLY FILED COST REPORT  
\_\_\_ MANUALLY SUBMITTED COST REPORT

DATE: 11/04/2010  
TIME: 13:04

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 11/04/2010 13:04  
ZXt38gAWTLcaNIJp3UFj1TKTYNu2m0  
QB4qh01KfcuxaTgRjLa1igZ1y8NB7  
Rwoq0GozSF0m4YkR

(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PI Encryption: 11/04/2010 13:04  
WYxinlPi:F:rQBx4ewLQbveTnXamu0  
GLOEg0:VtvzFcVTakJ8rssa4x3BS8w  
Y:Io8dtA0t0EcYQJ

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
		PART A	PART B	
	1	2	3	4
1	HOSPITAL	48427	-73408	1
2	SUBPROVIDER I			2
3	SWING BED - SNF	22978		3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY	-1	1	7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	71404	-73407	100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09  
11/04/2010 13:03

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 400 CALDWELL STREET  
1.01 CITY: STAUNTON

STATE: IL

P.O.BOX:  
ZIP CODE: 62088-1499 COUNTY: MACOUPIN

1  
1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2 HOSPITAL	COMMUNITY MEMORIAL HOSPITAL	14-1306	08/01/2000	N	O	P	2
3 SUBPROVIDER I							3
4 SWING BEDS - SNF	COMMUNITY MEMORIAL HOSPITAL - S/B	14-Z306	08/01/2000	N	O	N	4
5 SWING BEDS - NF							5
6 HOSPITAL-BASED SNF							6
7 HOSPITAL-BASED NF							7
8 HOSPITAL-BASED OLTC							8
9 HOSPITAL-BASED HHA	COMMUNITY MEMORIAL HOSPITAL - HHA	14-7166	09/16/1978	N	P	N	9
11 SEPARATELY CERTIFIED ASC							11
12 HOSPITAL-BASED HOSPICE							12
14 HOSP-BASED RHC							14
15 OUTPATIENT REHABILITATION PROVID							15
16 RENAL DIALYSIS							16
17 COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2009 TO: 06/30/2010	1 2				17
18 TYPE OF CONTROL			2				18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL	1	19
20 SUBPROVIDER I		20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.		21
21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c) (2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.		21.01
21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.		21.02
21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	2 N Y	21.03
21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	2	21.04
21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	2	21.05
21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.	NO	21.06
21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).	NO NO	21.07
21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.		21.08
22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO	22
23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO	23
23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.01
23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.02
23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.03
23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.04
23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.		23.05
23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.06
23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.07
24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.		24
24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.		24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	YES	12/15/1993	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>				
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	YES		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.	NO		30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?	NO		30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)	NO		30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.	NO		30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	YES		31

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO		33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO		34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO		35

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	NO	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04

40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	NO		40
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40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET:		P.O.BOX:	40.02
40.03	CITY:		STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	Y	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	Y	Y			49
50	HOME HEALTH AGENCY	Y	Y			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS: 105565 PAID LOSSES:			AND/OR SELF INSURANCE:		
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
(CONTINUED)

		DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4				
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56			
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO				58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59			
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				60			
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01			
MULTICAMPUS										
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61			
	COUNTY:	1	STATE:	2	ZIP CODE	3	CBSA	4	FTE/ CAMPUS	5
SETTLEMENT DATA										
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	08/31/2010					63	

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I

□

				-----I/P DAYS / O/P VISITS / TRIPS-----				
				CAH	LTCH		OBS.	
				PATIENT	TITLE	TITLE	TITLE	BEDS
				HOURS	V	XVIII	XIX	ADMITTED
COMPONENT	NO. OF	BED DAYS	2.01	3	4	4.01	5	5.01
	1	2						
1 HOSPITAL ADULTS & PEDS, EXCL	21	7665	27412.00		507		43	1
2 SWING BED, OBSERV & HOSPICE DAYS								2
3 HMO								3
4 HOSPITAL ADULTS & PEDS -					411			4
5 SWING BED SNF								5
6 HOSPITAL ADULTS & PEDS -								6
7 SWING BED NF								7
8 TOTAL ADULTS & PEDS	21	7665	27412.00		918		43	8
9 EXCL OBSERVATION BEDS								9
10 INTENSIVE CARE UNIT	4	1460	5442.00		279		9	10
11 CORONARY CARE UNIT								11
12 BURN INTENSIVE CARE UNIT								12
13 SURGICAL INTENSIVE CARE UNIT								13
14 OTHER SPECIAL CARE (SPECIFY)								14
15 NURSERY								15
16 TOTAL HOSPITAL	25	9125	32854.00		1197		52	16
17 RPCH VISITS					12444		4765	17
18 SUBPROVIDER I								18
19 SKILLED NURSING FACILITY								19
20 NURSING FACILITY								20
21 OTHER LONG TERM CARE								21
22 HOME HEALTH AGENCY					5130		479	22
23 ASC (DISTINCT PART)								23
24 HOSPICE (DISTINCT PART)								24
25 O/P REHAB PROVIDER								25
26 RHC I								26
27 TOTAL	25							27
28 OBSERVATION BED DAYS							21	28
29 AMBULANCE TRIPS								29
EMPLOYEE DISCOUNT DAYS								
LABOR & DELIVERY DAYS								



## HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
PART I

(CONTINUED)

[illegible]

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
PART I

(CONTINUED)

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-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		220	18	288
2 HMO XIX				
3 HOSPITAL ADULTS & PEDS - SWING BED SNF				
4 HOSPITAL ADULTS & PEDS - SWING BED NF				
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS				
6 INTENSIVE CARE UNIT				
7 CORONARY CARE UNIT				
8 BURN INTENSIVE CARE UNIT				
9 SURGICAL INTENSIVE CARE UNIT				
10 OTHER SPECIAL CARE (SPECIFY)				
11 NURSERY				
12 TOTAL HOSPITAL		220	18	288
13 RPCH VISITS				
14 SUBPROVIDER I				
15 SKILLED NURSING FACILITY				
16 NURSING FACILITY				
17 OTHER LONG TERM CARE				
18 HOME HEALTH AGENCY				
20 ASC (DISTINCT PART)				
21 HOSPICE (DISTINCT PART)				
23 O/P REHAB PROVIDER				
24 RHC I				
25 TOTAL				
26 OBSERVATION BED DAYS				
27 AMBULANCE TRIPS				
28 EMPLOYEE DISCOUNT DAYS				

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	DATA SOURCE 6	WORKSHEET S-3 PART II
1	SALARIES	5516783			249322.00			1
2	TOTAL SALARIES							2
3	NON-PHYSICIAN ANESTHETIST PART A							3
4	NON-PHYSICIAN ANESTHETIST PART B							4
4.01	PHYSICIAN - PART A							4.01
5	TEACHING PHYSICIAN SALARIES							5
5.01	PHYSICIAN - PART B							5.01
6	NON-PHYSICIAN - PART B							6
6.01	INTERNS & RESIDENTS (IN APPR PGM)							6.01
7	CONTRACT SERVICES, I&R							7
8	HOME OFFICE PERSONNEL							8
8.01	SNF							8.01
9	EXCLUDED AREA SALARIES	1016277	-26703		35265.00			9
9.01	OTHER WAGES & RELATED COSTS							9.01
9.02	CONTRACT LABOR	441661			7171.00			9.02
9.03	PHARMACY SERVICES UNDER CONTRACT							9.03
10	LABORATORY SERVICES UNDER CONTRACT							10
10.01	MANAGEMENT AND ADMINISTRATIVE SERVICES'							10.01
11	CONTRACT LABOR: PHYSICIAN PART A	652374			6822.00			11
12	TEACHING PHYSICIAN UNDER CONTRACT							12
12.01	HOME OFFICE SALARIES & WAGE REL COSTS							12.01
13	HOME OFFICE: PHYSICIAN PART A							13
14	TEACHING PHYSICIAN SALARIES							14
15	WAGE-RELATED COSTS							15
16	WAGE RELATED COSTS (CORE)	1121961					CMS 339	16
17	WAGE RELATED COSTS (OTHER)						CMS 339	17
18	EXCLUDED AREAS	245243					CMS 339	18
19	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	19
20	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	20
21	PHYSICIAN PART A						CMS 339	21
22	PART A TEACHING PHYSICIANS						CMS 339	22
23	PHYSICIAN PART B						CMS 339	23
24	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	24
25	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	25
26	OVERHEAD COSTS - DIRECT SALARIES							26
27	EMPLOYEE BENEFITS							27
28	ADMINISTRATIVE & GENERAL	708698	26703		36449.00			28
29	ADMINISTRATIVE & GENERAL UNDER CONTACT							29
30	MAINTENANCE & REPAIRS							30
31	OPERATION OF PLANT	149430			6246.00			31
32	LAUNDRY & LINEN SERVICE	23129			2676.00			32
33	HOUSEKEEPING	151403			12840.00			33
34	HOUSEKEEPING UNDER CONTRACT							34
35	DIETARY	148791	-103538		3880.00			35
36	DIETARY UNDER CONTRACT							36
37	CAFETERIA		103538		8877.00			37
38	MAINTENANCE OF PERSONNEL							38
39	NURSING ADMINISTRATION	187323			6161.00			39
40	CENTRAL SERVICES AND SUPPLY							40
41	PHARMACY							41
42	MEDICAL RECORDS & MEDICAL RECORDS LIBR	140274			8962.00			42
43	SOCIAL SERVICE	51891			1988.00			43
44	OTHER GENERAL SERVICE							44

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	
1	NET SALARIES	5516783		5516783	249322.00	22.13	1
2	EXCLUDED AREA SALARIES	1016277	-26703	989574	35265.00	28.06	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	4500506	26703	4527209	214057.00	21.15	3
4	SUBTOTAL OTHER WAGES & REL COSTS	1094035		1094035	13993.00	78.18	4
5	SUBTOTAL WAGE-RELATED COSTS	1121961		1121961		24.78%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	6716502	26703	6743205	228050.00	29.57	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	1560939	26703	1587642	88079.00	18.03	13

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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7166

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		3455		22	3477	1
2 UNDUPLICATED CENSUS COUNT		273.00		120.00	393.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	40.00	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)		1.00		1.00	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)					4
5 OTHER ADMINISTRATIVE PERSONNEL		2.03		2.03	5
6 DIRECT NURSING SERVICE		6.71		6.71	6
7 NURSING SUPERVISOR		1.00		1.00	7
8 PHYSICAL THERAPY SERVICE		.92	.20	1.12	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE			.09	.09	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE			.03	.03	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE		.75		.75	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE		1.67		1.67	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 OTHER (SPECIFY)					18

HOME HEALTH AGENCY MSA CODES

19	HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1.01	19
20	LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		99914	20
20.01			41180	20.01

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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7166

WORKSHEET S-4  
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

		FULL EPISODES				SCIC			
		WITHOUT	WITH	LUPA	PEP ONLY	WITHIN	SCIC ONLY		
		OUTLIERS	OUTLIERS	EPISODES	EPISODES	A PEP	EPISODES	TOTAL	
		1	2	3	4	5	6	7	
21	SKILLED NURSING VISITS	3190		333	29			3552	21
22	SKILLED NURSING VISIT CHARGES	477228		49934	4350			531512	22
23	PHYSICAL THERAPY VISITS	748		13	8			769	23
24	PHYSICAL THERAPY VISIT CHARGES	122387		2132	1312			125831	24
25	OCCUPATIONAL THERAPY VISITS	58		1				59	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	9556		165				9721	26
27	SPEECH PATHOLOGY VISITS	44						44	27
28	SPEECH PATHOLOGY VISIT CHARGES	7656						7656	28
29	MEDICAL SOCIAL SERVICE VISITS	73		5	1			79	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	14862		1020	204			16086	30
31	HOME HEALTH AIDE VISITS	605		8	14			627	31
32	HOME HEALTH AIDE VISIT CHARGES	40998		544	952			42494	32
33	TOTAL VISITS	4718		360	52			5130	33
34	OTHER CHARGES								34
35	TOTAL CHARGES	672687		53795	6818			733300	35
36	TOTAL NUMBER OF EPISODES	501		115	7			623	36
37	TOTAL NUMBER OF OUTLIER EPISODES								37
38	TOTAL MEDICAL SUPPLY CHARGES	23533		2497	57			26087	38

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NHCMQ DEMONSTRATION STATISTICAL DATA  
STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	AAA					45
45.01	ES3					45.01
45.02	ES2					45.02
45.03	ES1					45.03
45.04	HE2					45.04
45.05	HE1					45.05
45.06	HD2					45.06
45.07	HD1					45.07
45.08	HC2					45.08
45.09	HC1					45.09
45.10	HB2					45.10
45.11	HB1					45.11
45.12	LE2					45.12
45.13	LE1					45.13
45.14	LD2					45.14
45.15	LD1					45.15
45.16	LC2					45.16
45.17	LC1					45.17
45.18	LB2					45.18
45.19	LB1					45.19
45.20	CE2					45.20
45.21	CE1					45.21
45.22	CD2					45.22
45.23	CD1					45.23
46	TOTAL					46

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		582684	582684	-566222	16462		16462	3
3.01	0301 NEW CAPITAL - BUILDING 1				17340	17340		17340	3.01
3.02	0302 NEW CAPITAL - BUILDING 2				85855	85855		85855	3.02
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				530317	530317	-27105	503212	4
5	0500 EMPLOYEE BENEFITS				1367204	1367204		1367204	5
6	0600 ADMINISTRATIVE & GENERAL	708698	2158863	2867561	-1342493	1525068	-137104	1387964	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	149430	420165	569595	5994	575589	-637	574952	8
9	0900 LAUNDRY & LINEN SERVICE	23129	8401	31530		31530		31530	9
10	1000 HOUSEKEEPING	151403	17530	168933		168933		168933	10
11	1100 DIETARY	148791	81009	229800	-159909	69891	-945	68946	11
12	1200 CAFETERIA				159909	159909	-36668	123241	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	187323	7513	194836		194836	-846	193990	14
15	1500 CENTRAL SERVICES & SUPPLY								15
16	1600 PHARMACY								16
17	1700 MEDICAL RECORDS & LIBRARY	140274	25384	165658		165658	-6379	159279	17
18	1800 SOCIAL SERVICE	51891		51891		51891		51891	18
19	1950 OTHER GENERAL SERVICE COST CENT		27898	27898	-27898				19
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	638114	30470	668584		668584		668584	25
26	2600 INTENSIVE CARE UNIT	297185	60	297245		297245		297245	26
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	215845	28239	244084		244084		244084	37
38	3800 RECOVERY ROOM	37515	672	38187		38187		38187	38
40	4000 ANESTHESIOLOGY		261049	261049		261049		261049	40
41	4100 RADIOLOGY-DIAGNOSTIC	405251	511882	917133		917133	-280	916853	41
44	4400 LABORATORY	479174	641832	1121006		1121006	-56824	1064182	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
48	4800 INTRAVENOUS THERAPY		9312	9312		9312		9312	48
49	4900 RESPIRATORY THERAPY	147071	151672	298743	-24796	273947	-17883	256064	49
50	5000 PHYSICAL THERAPY	26745	411457	438202		438202		438202	50
51	5100 OCCUPATIONAL THERAPY								51
52	5200 SPEECH PATHOLOGY		3954	3954		3954		3954	52
55	5500 MEDICAL SUPPLIES CHARGED TO PAT	84467	228131	312598	24796	337394	-413	336981	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT								55.30
56	5600 DRUGS CHARGED TO PATIENTS	150305	744584	894889		894889	-618	894271	56
59	3140 CARDIOLOGY	59376	2514	61890		61890	-6380	55510	59
59.97	3997 CARDIAC REHABILITATION								59.97
59.98	3998 HYPERBARIC OXYGEN THERAPY								59.98
59.99	3999 LITHOTRIPSY								59.99
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	44526	2520	47046		47046	-16970	30076	60
61	6100 EMERGENCY	353993	866403	1220396		1220396	-185271	1035125	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RURAL HEALTH CLINIC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	614521	120379	734900	-26760	708140		708140	71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		23768	23768	-23768				88
90	9000 OTHER CAPITAL RELATED COSTS		21561	21561	-21561				90
95	SUBTOTALS	5115027	7389906	12504933	-1992	12502941	-494323	12008618	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
98	9800 PHYSICIANS' PRIVATE OFFICES	401756	77110	478866		478866		478866	98
100	7951 RENTAL PROPERTY								100
100.01	7953 MEDICAL OFFICE BUILDINGS		8064	8064	1992	10056		10056	100.01
101	TOTAL	5516783	7475080	12991863		12991863	-494323	12497540	101

RECLASSIFICATIONS

WORKSHEET A-6

PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER
1		1	2	3	4	5
1	DEPRECIATION EXPENSE	A	NEW CAPITAL - BUILDING 1	3.01		15077 1
2	DEPRECIATION EXPENSE	A	NEW CAPITAL - BUILDING 2	3.02		77451 2
3	DEPRECIATION EXPENSE	A	HOME HEALTH AGENCY	71		4781 3
4	DEPRECIATION EXPENSE	A				4 4
5	DEPRECIATION EXPENSE	A	OPERATION OF PLANT	8		828 5
6	DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		468707 6
7	DEPRECIATION EXPENSE	A				7 7
8	EMPLOYEE BENEFITS	B	EMPLOYEE BENEFITS	5		1367204 8
9	INTEREST EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		23768 9
10	EQUIPMENT RENTAL	D	NEW CAP REL COSTS-MVBLE EQUIP	4		27898 10
11	INSURANCE EXPENSE	E				11 11
12	INSURANCE EXPENSE	E	MEDICAL OFFICE BUILDINGS	100.01		1992 12
13	CAFETERIA EXPENSE	F	CAFETERIA	12	103538	56371 13
14	HOME HEALTH UTILITIES	G	OPERATION OF PLANT	8		5136 14
15	OXYGEN EXPENSE	H	MEDICAL SUPPLIES CHARGED TO P	55		24796 15
16	HHA BILLER SALARY	I	ADMINISTRATIVE & GENERAL	6	26703	16 16
17	PLANT OPERATION MAINTENANCE	J				17 17
18	MAINTENANCE - BMB	K				18 18
19	CAPITAL INSURANCE	K	NEW CAP REL COSTS-BLDG & FIXT	3		622 19
20	CAPITAL INSURANCE	K	NEW CAPITAL - BUILDING 1	3.01		2263 20
21	CAPITAL INSURANCE	K	NEW CAPITAL - BUILDING 2	3.02		8404 21
22	CAPITAL INSURANCE	K	HOME HEALTH AGENCY	71		298 22
23	CAPITAL INSURANCE	K	OPERATION OF PLANT	8		30 23
24	CAPITAL INSURANCE	K	NEW CAP REL COSTS-MVBLE EQUIP	4		9944 24
25						25 25
26						26 26
27						27 27
28						28 28
29						29 29
30						30 30
31						31 31
32						32 32
33						33 33
34						34 34
35						35 35
36	TOTAL RECLASSIFICATIONS				130241	2095570 36



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RECLASSIFICATIONS

WORKSHEET A-6  
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	DECREASE		SALARY		OTHER	WKST A-7	
		1	COST CENTER	LINE #	8	9		REF.	
			6	7				10	
1	DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		15077		9	1
2	DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		77451		9	2
3	DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		4781		9	3
4	DEPRECIATION EXPENSE	A						9	4
5	DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		828		9	5
6	DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		468707		9	6
7	DEPRECIATION EXPENSE	A						9	7
8	EMPLOYEE BENEFITS	B	ADMINISTRATIVE & GENERAL	6		1367204			8
9	INTEREST EXPENSE	C	INTEREST EXPENSE	88		23768		11	9
10	EQUIPMENT RENTAL	D	OTHER GENERAL SERVICE COST CE	19		27898		10	10
11	INSURANCE EXPENSE	E							11
12	INSURANCE EXPENSE	E	ADMINISTRATIVE & GENERAL	6		1992			12
13	CAFETERIA EXPENSE	F	DIETARY	11	103538	56371			13
14	HOME HEALTH UTILITIES	G	HOME HEALTH AGENCY	71		5136			14
15	OXYGEN EXPENSE	H	RESPIRATORY THERAPY	49		24796			15
16	HHA BILLER SALARY	I	HOME HEALTH AGENCY	71	26703				16
17	PLANT OPERATION MAINTENANCE	J							17
18	MAINTENANCE - BMB	K							18
19	CAPITAL INSURANCE	K	OTHER CAPITAL RELATED COSTS	90		622		12	19
20	CAPITAL INSURANCE	K	OTHER CAPITAL RELATED COSTS	90		2263		12	20
21	CAPITAL INSURANCE	K	OTHER CAPITAL RELATED COSTS	90		8404		12	21
22	CAPITAL INSURANCE	K	OTHER CAPITAL RELATED COSTS	90		298		12	22
23	CAPITAL INSURANCE	K	OTHER CAPITAL RELATED COSTS	90		30		12	23
24	CAPITAL INSURANCE	K	OTHER CAPITAL RELATED COSTS	90		9944		12	24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34
35									35
36	TOTAL RECLASSIFICATIONS				130241	2095570			36

ANALYSIS OF CHANGES DURING COST REPORTING  
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL  
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED  
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND							1
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES							3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT							6
7 SUBTOTAL							7
8 RECONCILING ITEMS							8
9 TOTAL							9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	373504	69500		69500		443004	1
2 LAND IMPROVEMENTS	237919	71701		71701	40362	269258	2
3 BUILDINGS AND FIXTURES	4729897	1033324		1033324	4179	5759042	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	162241					162241	5
6 MOVABLE EQUIPMENT	3850941	164494		164494	133783	3881652	6
7 SUBTOTAL	9354502	1339019		1339019	178324	10515197	7
8 RECONCILING ITEMS							8
9 TOTAL	9354502	1339019		1339019	178324	10515197	9

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PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III &

IV

		----- COMPUTATION OF RATIOS -----			----- ALLOCATION OF OTHER CAPITAL -----				
DESCRIPTION		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2	OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3	NEW CAP REL COSTS-BLDG & FIXT	269258		269258	.027170				3
3.01	NEW CAPITAL - BUILDING 1	5759041		5759041	.581138				3.01
3.02	NEW CAPITAL - BUILDING 2				.000000				3.02
4	NEW CAP REL COSTS-MVBLE EQUIP	3881653		3881653	.391692				4
5	TOTAL	9909952		9909952	1.000000				5

		----- SUMMARY OF OLD AND NEW CAPITAL -----						
DESCRIPTION		DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	15840			622			16462 3
3.01	NEW CAPITAL - BUILDING 1	15077			2263			17340 3.01
3.02	NEW CAPITAL - BUILDING 2	77451			8404			85855 3.02
4	NEW CAP REL COSTS-MVBLE EQUIP	468707	27898		9944		-3337	503212 4
5	TOTAL	577075	27898		21233		-3337	622869 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

		----- SUMMARY OF OLD AND NEW CAPITAL -----						
DESCRIPTION		DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	582684						582684 3
3.01	NEW CAPITAL - BUILDING 1							3.01
3.02	NEW CAPITAL - BUILDING 2							3.02
4	NEW CAP REL COSTS-MVBLE EQUIP							4
5	TOTAL	582684						582684 5

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION		BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO.	WKST A-7 REF
		1	2	COST CENTER 3	4	5
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-23768	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5	INVESTMENT INCOME-OTHER					5
6	TRADE, QUANTITY, AND TIME DISCOUNTS					6
7	REFUNDS AND REBATES OF EXPENSES	B	-31808	ADMINISTRATIVE & GENERAL	6	7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS	B	-16970	CLINIC	60	8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-5471	ADMINISTRATIVE & GENERAL	6	9
10	TELEVISION AND RADIO SERVICE	A	-637	OPERATION OF PLANT	8	10
11	PARKING LOT					11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
		A-8-2	-259978			12
13	SALE OF SCRAP, WASTE, ETC.					13
14	RELATED ORGANIZATION TRANSACTIONS	WKST				
		A-8-1				14
15	LAUNDRY AND LINEN SERVICE					15
16	CAFETERIA - EMPLOYEES AND GUESTS	B	-36668	CAFETERIA	12	16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-413	MEDICAL SUPPLIES CHARGED TO PAT	55	18
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-618	DRUGS CHARGED TO PATIENTS	56	19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-3218	MEDICAL RECORDS & LIBRARY	17	20
21	NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22	VENDING MACHINES					22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
		A-8-4				
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
		A-8-4				
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
		A-8-3		UTILIZATION REVIEW-SNF	89	28
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			OLD CAP REL COSTS-BLDG & FIXT	1	29
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-MVBLE EQUIP	2	30
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			NEW CAP REL COSTS-BLDG & FIXT	3	31
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-MVBLE EQUIP	4	32
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NONPHYSICIAN ANESTHETISTS	20	33
33	NON-PHYSICIAN ANESTHETIST					34
34	PHYSICIANS' ASSISTANT					
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
		WKST A-8-4				
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		SPEECH PATHOLOGY	52	36
		WKST A-8-4				37
37						
38	IHA FEES RELATED TO LOBBYING	A	-5326	ADMINISTRATIVE & GENERAL	6	38
39	TRANSCRIPTION SERVICE	B	-3161	MEDICAL RECORDS & LIBRARY	17	39
40	TELEVISION SATELLITE	A	-3337	NEW CAP REL COSTS-MVBLE EQUIP	4	14 40
41	MISC. OPERATING REVENUE	B	-3	ADMINISTRATIVE & GENERAL	6	41
42	X-RAY FILM COPYING	B	-280	RADIOLOGY-DIAGNOSTIC	41	42
43	INSERVICE EDUCATION	B	-846	NURSING ADMINISTRATION	14	43
44	CARDIAC REHAB	B	-6380	CARDIOLOGY	59	44
45	DIABETIC CONSULTATION	B	-945	DIETARY	11	45
46						46
47	PUBLIC RELATIONS	A	-6352	ADMINISTRATIVE & GENERAL	6	47
48						48
49	TAXES	A	-13021	ADMINISTRATIVE & GENERAL	6	49
49.02	PROVIDER TAX ASSESSMENT	A	-75123	ADMINISTRATIVE & GENERAL	6	49.02
50	TOTAL		-494323			50

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5						5
	TOTALS					

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b) (1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----					
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1					
2					
3					
4					
5					

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
- D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

UNAD- LIMIT	WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF JUSTED RCE
	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	1	44	LABORATORY	AGGREGATE	56824	56824			
<input type="checkbox"/>	2	49	RESPIRATORY THERAPY	AGGREGATE	17883	17883			
<input type="checkbox"/>	3	61	EMERGENCY	AGGREGATE	837645	185271	652374		
<input type="checkbox"/>	101		TOTAL		912352	259978	652374		



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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
PARTS I & II

[ XX ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES)					1
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK					2
3	NUMBER OF UNDUPLICATED DAYS ON WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE					3
4	NUMBER OF UNDUPLICATED DAYS ON WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE					4
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS				105	5
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS					6
7	STANDARD TRAVEL EXPENSE RATE				3.45	7
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE					8

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5	
9		183.00				9
10		64.45	46.72			10
11	STANDARD TRAVEL ALLOWANCE 32.23	32.23	23.36			11
12	NO OF TRAVEL HRS (PROV SITE)					12
12.01	NO OF TRAVEL HRS (OFFSITE)					12.01
13	MILES DRIVEN (PROV SITE)					13
13.01	MILES DRIVEN (OFFSITE)					13.01

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS					14
15	THERAPISTS			11794		15
16	ASSISTANTS					16
17	SUBTOTAL ALLOWANCE AMOUNT			11794		17
18	AIDES					18
19	TRAINEES					19
20	TOTAL ALLOWANCE AMOUNT			11794		20
21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES					21
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES					22
23	TOTAL SALARY EQUIVALENCY			11794		23



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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
PARTS III & IV

[ XX ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE		
24	THERAPISTS	24
25	ASSISTANTS	25
26	SUBTOTAL	26
27	STANDARD TRAVEL EXPENSE	27
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE	28
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS	29
30	ASSISTANTS	30
31	SUBTOTAL	31
32	OPTIONAL TRAVEL EXPENSE	32
33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	33
34	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	34
35	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	35

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE			
36	THERAPISTS	3384	36
37	ASSISTANTS		37
38	SUBTOTAL	3384	38
39	STANDARD TRAVEL EXPENSE	362	39
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE			
40	THERAPISTS		40
41	ASSISTANTS		41
42	SUBTOTAL		42
43	OPTIONAL TRAVEL EXPENSE		43
TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES			
44	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	3746	44
45	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE		45
46	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		46

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09  
11/04/2010 13:03

REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
PARTS V, VI & VII

[ XX ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

	THERAPISTS 1	ASSISTANTS 2	AIDES 3	TRAINEES 4	TOTAL 5	
47						47
48						48
49						49
50						50
51						51
52						52
53						53
54						54
55						55
56						56

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57					11794	57
58						58
59					3746	59
60						60
61						61
62						62
63					15540	63
64					12946	64
65						65

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

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WORKSHEET A-8-4  
PARTS V, VI & VII

[ XX ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - HOSPITAL		66
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I	12946	66.31
67	TOTAL COST	12946	67
68	RATIO OF HOSPITAL COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HOSPITAL		68
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HHA I	1.000000	68.31
69	EXCESS OF COST OVER LIMITATION - HOSPITAL	0	69
70	TOTAL EXCESS OF COST OVER LIMITATION	0	70

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4  
PARTS I & II

[ ] OCCUPATIONAL [ XX ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES)	52	1
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780	2
3	NUMBER OF UNDUPLICATED DAYS ON WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE	254	3
4	NUMBER OF UNDUPLICATED DAYS ON WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE		4
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS	403	5
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS	7	6
7	STANDARD TRAVEL EXPENSE RATE	3.45	7
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE		8

SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
1	2	3	4	5

9	TOTAL HOURS WORKED	3181.00	3797.00		9
10	AHSEA	68.01	51.01		10
11	STANDARD TRAVEL ALLOWANCE	34.01	25.51		11
12	NO OF TRAVEL HRS (PROV SITE)				12
12.01	NO OF TRAVEL HRS (OFFSITE)				12.01
13	MILES DRIVEN (PROV SITE)				13
13.01	MILES DRIVEN (OFFSITE)				13.01

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS		14
15	THERAPISTS	216340	15
16	ASSISTANTS	193685	16
17	SUBTOTAL ALLOWANCE AMOUNT	410025	17
18	AIDES		18
19	TRAINEES		19
20	TOTAL ALLOWANCE AMOUNT	410025	20
21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES		21
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES		22
23	TOTAL SALARY EQUIVALENCY	410025	23

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
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REASONABLE COST DETERMINATION FOR THERAPY SERVICES  
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WORKSHEET A-8-4  
PARTS III & IV

[ ] OCCUPATIONAL [ XX ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE			
24	THERAPISTS	8639	24
25	ASSISTANTS		25
26	SUBTOTAL	8639	26
27	STANDARD TRAVEL EXPENSE	876	27
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE	9515	28
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE			
29	THERAPISTS		29
30	ASSISTANTS		30
31	SUBTOTAL		31
32	OPTIONAL TRAVEL EXPENSE		32
33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	9515	33
34	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE		34
35	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		35

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE			
36	THERAPISTS	13706	36
37	ASSISTANTS	179	37
38	SUBTOTAL	13885	38
39	STANDARD TRAVEL EXPENSE	1415	39
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE			
40	THERAPISTS		40
41	ASSISTANTS		41
42	SUBTOTAL		42
43	OPTIONAL TRAVEL EXPENSE		43
TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES			
44	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	15300	44
45	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE		45
46	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		46

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WORKSHEET A-8-4  
PARTS V,VI & VII

[ ] OCCUPATIONAL [ XX ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION					
	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
	1	2	3	4	5
47	OVERTIME HOURS WORKED				47
	DURING REPORTING PERIOD				
48	OVERTIME RATE				48
49	TOTAL OVERTIME				49
	CALCULATION OF LIMIT				
50	PERCENTAGE OF OVERTIME				50
	HOURS BY CATEGORY				
51	ALLOCATION OF PROVIDER'S				51
	STANDARD WORKYEAR FOR ONE				
	FULL TIME EMPLOYEE TIMES				
	THE PERCENTAGES ON LINE 50				
	DETERMINATION OF OVERTIME ALLOWANCE				
52	ADJUSTED HOURLY SALARY				52
	EQUIVALENCY AMOUNT				
53	OVERTIME COST LIMITATION				53
54	MAXIMUM OVERTIME COST				54
55	PORTION OF OVERTIME ALREADY				55
	INCLUDED IN HOURLY				
	COMPUTATION AT THE AHSEA				
56	OVERTIME ALLOWANCE				56
PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT					
57	SALARY EQUIVALENCY AMOUNT				410025 57
58	TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE				9515 58
59	TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES				15300 59
60	OVERTIME ALLOWANCE				60
61	EQUIPMENT COST				61
62	SUPPLIES				62
63	TOTAL ALLOWANCE				434840 63
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES				428820 64
65	EXCESS OVER LIMITATION				65

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WORKSHEET A-8-4  
PARTS V,VI & VII

[ ] OCCUPATIONAL [ XX ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - HOSPITAL	400320	66
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I	28500	66.31
67	TOTAL COST	428820	67
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HOSPITAL	.933539	68
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HHA I	.066461	68.31
69	EXCESS OF COST OVER LIMITATION - HOSPITAL	0	69
70	TOTAL EXCESS OF COST OVER LIMITATION	0	70

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WORKSHEET A-8-4  
PARTS I & II

[ ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ XX ] SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES)		16	1
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK		240	2
3	NUMBER OF UNDUPLICATED DAYS ON WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE		26	3
4	NUMBER OF UNDUPLICATED DAYS ON WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE			4
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS		55	5
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS			6
7	STANDARD TRAVEL EXPENSE RATE		3.45	7
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE			8

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5	
9		113.50				9
10		61.93				10
11	STANDARD TRAVEL ALLOWANCE 30.97	30.97				11
12	NO OF TRAVEL HRS (PROV SITE)					12
12.01	NO OF TRAVEL HRS (OFFSITE)					12.01
13	MILES DRIVEN (PROV SITE)					13
13.01	MILES DRIVEN (OFFSITE)					13.01

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS			14
15	THERAPISTS		7029	15
16	ASSISTANTS			16
17	SUBTOTAL ALLOWANCE AMOUNT		7029	17
18	AIDES			18
19	TRAINEES			19
20	TOTAL ALLOWANCE AMOUNT		7029	20
21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES		61.93	21
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES		14863	22
23	TOTAL SALARY EQUIVALENCY		14863	23



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WORKSHEET A-8-4  
PARTS III & IV

[ ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ XX ] SPEECH PATHOLOGY

PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE		
24	THERAPISTS	805 24
25	ASSISTANTS	25
26	SUBTOTAL	805 26
27	STANDARD TRAVEL EXPENSE	90 27
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE	895 28
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS	29
30	ASSISTANTS	30
31	SUBTOTAL	31
32	OPTIONAL TRAVEL EXPENSE	32
33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	895 33
34	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	34
35	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	35

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE		
36	THERAPISTS	1703 36
37	ASSISTANTS	37
38	SUBTOTAL	1703 38
39	STANDARD TRAVEL EXPENSE	190 39
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
40	THERAPISTS	40
41	ASSISTANTS	41
42	SUBTOTAL	42
43	OPTIONAL TRAVEL EXPENSE	43
TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES		
44	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	1893 44
45	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	45
46	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	46

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WORKSHEET A-8-4  
PARTS V, VI & VII

[ ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ XX ] SPEECH PATHOLOGY

PART V - OVERTIME COMPUTATION

	THERAPISTS 1	ASSISTANTS 2	AIDES 3	TRAINEES 4	TOTAL 5	
47						47
OVERTIME HOURS WORKED DURING REPORTING PERIOD						
48						48
OVERTIME RATE						
49						49
TOTAL OVERTIME						
CALCULATION OF LIMIT						
50						50
PERCENTAGE OF OVERTIME HOURS BY CATEGORY						
51						51
ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL TIME EMPLOYEE TIMES THE PERCENTAGES ON LINE 50						
DETERMINATION OF OVERTIME ALLOWANCE						
52						52
ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT						
53						53
OVERTIME COST LIMITATION						
54						54
MAXIMUM OVERTIME COST						
55						55
PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA						
56						56
OVERTIME ALLOWANCE						

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57	SALARY EQUIVALENCY AMOUNT	14863	57
58	TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE	895	58
59	TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES	1893	59
60	OVERTIME ALLOWANCE		60
61	EQUIPMENT COST		61
62	SUPPLIES		62
63	TOTAL ALLOWANCE	17651	63
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES	7254	64
65	EXCESS OVER LIMITATION		65

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PARTS V, VI & VII

[ ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ XX ] SPEECH PATHOLOGY

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - HOSPITAL	3954	66
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I	3300	66.31
67	TOTAL COST	7254	67
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HOSPITAL	.545079	68
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HHA I	.454921	68.31
69	EXCESS OF COST OVER LIMITATION - HOSPITAL	0	69
70	TOTAL EXCESS OF COST OVER LIMITATION	0	70

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAPITA L - BUILDI NG 1 3.01	NEW CAPITA L - BUILDI NG 2 3.02	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	
GENERAL SERVICE COST CENTERS										
<input type="checkbox"/> 1	OLD CAP REL COSTS-BLDG & FIXT									1
<input type="checkbox"/> 2	OLD CAP REL COSTS-MVBLE EQUIP									2
<input type="checkbox"/> 3	NEW CAP REL COSTS-BLDG & FIXT	16462	16462							3
<input type="checkbox"/> 3.01	NEW CAPITAL - BUILDING 1	17340		17340						
<input type="checkbox"/> 3.02	NEW CAPITAL - BUILDING 2	85855			85855					
<input type="checkbox"/> 4	NEW CAP REL COSTS-MVBLE EQUIP	503212				503212				4
<input type="checkbox"/> 5	EMPLOYEE BENEFITS	1367204					1367204			5
<input type="checkbox"/> 6	ADMINISTRATIVE & GENERAL	1387964	1402	2946	3251	43136	182251	1620950	1620950	6
<input type="checkbox"/> 7	MAINTENANCE & REPAIRS									7
<input type="checkbox"/> 8	OPERATION OF PLANT	574952	3832	5053	17178	117895	37033	755943	112659	8
<input type="checkbox"/> 9	LAUNDRY & LINEN SERVICE	31530	332	974		10198	5732	48766	7268	9
<input type="checkbox"/> 10	HOUSEKEEPING	168933	296	318	1526	9106	37522	217701	32444	10
<input type="checkbox"/> 11	DIETARY	68946	421		3425	12961	11215	96968	14451	11
<input type="checkbox"/> 12	CAFETERIA	123241	297		2415	9138	25659	160750	23957	12
<input type="checkbox"/> 13	MAINTENANCE OF PERSONNEL									13
<input type="checkbox"/> 14	NURSING ADMINISTRATION	193990	164		1336	5055	46424	246969	36806	14
<input type="checkbox"/> 15	CENTRAL SERVICES & SUPPLY									15
<input type="checkbox"/> 16	PHARMACY									16
<input type="checkbox"/> 17	MEDICAL RECORDS & LIBRARY	159279	308	109	2202	9474	34764	206136	30721	17
<input type="checkbox"/> 18	SOCIAL SERVICE	51891	66		537	2032	12860	67386	10043	18
<input type="checkbox"/> 19	OTHER GENERAL SERVICE COST CENT									19
<input type="checkbox"/> 20	NONPHYSICIAN ANESTHETISTS									20
<input type="checkbox"/> 21	NURSING SCHOOL									21
<input type="checkbox"/> 22	I&R SERVICES-SALARY & FRINGES A									22
<input type="checkbox"/> 23	I&R SERVICES-OTHER PRGM COSTS A									23
<input type="checkbox"/> 24	PARAMED ED PRGM- (SPECIFY)									24
<input type="checkbox"/> 25	INPATIENT ROUTINE SERV COST CENTERS									
<input type="checkbox"/> 26	ADULTS & PEDIATRICS	668584	2426		19722	74626	158141	923499	137630	25
<input type="checkbox"/> 27	INTENSIVE CARE UNIT	297245	294		2393	9055	73650	382637	57025	26
<input type="checkbox"/> 28	ANCILLARY SERVICE COST CENTERS									
<input type="checkbox"/> 37	OPERATING ROOM	244084	855		6953	26308	53492	331692	49432	37
<input type="checkbox"/> 38	RECOVERY ROOM	38187	197		1598	6045	9297	55324	8245	38
<input type="checkbox"/> 40	ANESTHESIOLOGY	261049	23		185	699		261956	39040	40
<input type="checkbox"/> 41	RADIOLOGY-DIAGNOSTIC	916853	1166		9479	35865	100432	1063795	158538	41
<input type="checkbox"/> 44	LABORATORY	1064182	434	1274		13335	118752	1197977	178535	44
<input type="checkbox"/> 46.30	BLOOD CLOTTING FACTORS ADMIN CO									
<input type="checkbox"/> 48	INTRAVENOUS THERAPY	9312						9312	1388	48
<input type="checkbox"/> 49	RESPIRATORY THERAPY	256064	300		2440	9233	36448	304485	45378	49
<input type="checkbox"/> 50	PHYSICAL THERAPY	438202	545	1600		16752	6628	463727	69110	50
<input type="checkbox"/> 51	OCCUPATIONAL THERAPY									51
<input type="checkbox"/> 52	SPEECH PATHOLOGY	3954						3954	589	52

55	MEDICAL SUPPLIES CHARGED TO PAT	336981	327	961	10059	20933	369261	55031	55
□									
55.30	IMPL. DEV. CHARGED TO PATIENT								
55.30									
56	DRUGS CHARGED TO PATIENTS	894271	157		1275	4826	37249	937778	139758 56
□									
59	CARDIOLOGY	55510	413		3355	12694	14715	86687	12919 59
□									
59.97	CARDIAC REHABILITATION								
59.97									
59.98	HYPERBARIC OXYGEN THERAPY								
59.98									
59.99	LITHOTRIPSY								
59.99									
60	OUTPATIENT SERVICE COST CENTERS								
□	CLINIC	30076	280		2276	8611	11035	52278	7791 60
61	EMERGENCY	1035125	474		3853	14580	87729	1141761	170158 61
□									
62	OBSERVATION BEDS (NON-DISTINCT								62
□									
63.50	RURAL HEALTH CLINIC								
63.50									
63.60	FQHC								
63.60									
	OTHER REIMBURSABLE COST CENTERS								
69.10	CMHC								
69.10									
69.20	OUTPATIENT PHYSICAL THERAPY								
69.20									
69.30	OUTPATIENT OCCUPATIONAL THERAPY								
69.30									
69.40	OUTPATIENT SPEECH PATHOLOGY								
69.40									
71	HOME HEALTH AGENCY	708140			20320	145677	874137	130274	71
□									
	SPECIAL PURPOSE COST CENTERS								
85.01	PANCREAS ACQUISITION								
85.01									
85.02	INTESTINAL ACQUISITION								
85.02									
85.03	ISLET CELL ACQUISITION								
85.03									
95	SUBTOTALS	12008618	15009	13235	85399	482003	1267638	11881829	1529190 95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & CAN		56		456		512	76	96
□									
98	PHYSICIANS' PRIVATE OFFICES	478866	1397	4105	21209	99566	605143	90185	98
□									
100	RENTAL PROPERTY								100
□									
100.01	MEDICAL OFFICE BUILDINGS	10056					10056	1499	
100.01									
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	12497540	16462	17340	85855	503212	1367204	12497540	1620950 103

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/97)

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		8	9	10	11	12	14	17	18
1	GENERAL SERVICE COST CENTERS								
<input type="checkbox"/>	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
<input type="checkbox"/>									
3	NEW CAP REL COSTS-BLDG & FIXT								3
<input type="checkbox"/>									
3.01	NEW CAPITAL - BUILDING 1								
3.01									
3.02	NEW CAPITAL - BUILDING 2								
3.02									
4	NEW CAP REL COSTS-MVBLE EQUIP								4
<input type="checkbox"/>									
5	EMPLOYEE BENEFITS								5
<input type="checkbox"/>									
6	ADMINISTRATIVE & GENERAL								6
<input type="checkbox"/>									
7	MAINTENANCE & REPAIRS								7
<input type="checkbox"/>									
8	OPERATION OF PLANT	868602							8
<input type="checkbox"/>									
9	LAUNDRY & LINEN SERVICE	24225	80259						9
<input type="checkbox"/>									
10	HOUSEKEEPING	21630		271775					10
<input type="checkbox"/>									
11	DIETARY	30786		10851	153056				11
<input type="checkbox"/>									
12	CAFETERIA	21706		7651		214064			12
<input type="checkbox"/>									
13	MAINTENANCE OF PERSONNEL								13
<input type="checkbox"/>									
14	NURSING ADMINISTRATION	12007		4232		10777	310791		14
<input type="checkbox"/>									
15	CENTRAL SERVICES & SUPPLY								15
<input type="checkbox"/>									
16	PHARMACY								16
<input type="checkbox"/>									
17	MEDICAL RECORDS & LIBRARY	22505		7932		8070		275364	17
<input type="checkbox"/>									
18	SOCIAL SERVICE	4827		1701		2985			86942 18
<input type="checkbox"/>									
19	OTHER GENERAL SERVICE COST CENT								19
<input type="checkbox"/>									
20	NONPHYSICIAN ANESTHETISTS								20
<input type="checkbox"/>									
21	NURSING SCHOOL								21
<input type="checkbox"/>									
22	I&R SERVICES-SALARY & FRINGES A								22
<input type="checkbox"/>									
23	I&R SERVICES-OTHER PRGM COSTS A								23
<input type="checkbox"/>									
24	PARAMED ED PRGM- (SPECIFY)								24
<input type="checkbox"/>									
25	INPATIENT ROUTINE SERV COST CENTERS								
<input type="checkbox"/>	ADULTS & PEDIATRICS	177264	64048	62481	122140	36710	124951	11375	69381 25
26	INTENSIVE CARE UNIT	21510	16211	7582	30916	17098	58193	5112	17561 26
<input type="checkbox"/>									
37	ANCILLARY SERVICE COST CENTERS								
<input type="checkbox"/>	OPERATING ROOM	62492		22027		12418	42265	11377	37
<input type="checkbox"/>									
38	RECOVERY ROOM	14360		5061		2158	7346	871	38
<input type="checkbox"/>									
40	ANESTHESIOLOGY	1659		585				8163	40
<input type="checkbox"/>									
41	RADIOLOGY-DIAGNOSTIC	85193		30028		23315		63947	41
<input type="checkbox"/>									
44	LABORATORY	31676		11165		27568		80096	44
<input type="checkbox"/>									
46.30	BLOOD CLOTTING FACTORS ADMIN CO								
46.30									
48	INTRAVENOUS THERAPY							2498	48
<input type="checkbox"/>									
49	RESPIRATORY THERAPY	21932		7730		8461		17609	49
<input type="checkbox"/>									
50	PHYSICAL THERAPY	39791		14025		1539		19776	50
<input type="checkbox"/>									
51	OCCUPATIONAL THERAPY								51
<input type="checkbox"/>									
52	SPEECH PATHOLOGY							63	52

55	MEDICAL SUPPLIES CHARGED TO PAT	23893		8422		4860		9523		55
□										
55.30	IMPL. DEV. CHARGED TO PATIENT									
55.30										
56	DRUGS CHARGED TO PATIENTS	11464		4041		8647		22256		56
□										
59	CARDIOLOGY	30153		10628		3416		1930		59
□										
59.97	CARDIAC REHABILITATION									
59.97										
59.98	HYPERBARIC OXYGEN THERAPY									
59.98										
59.99	LITHOTRIPSY									
59.99										
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	20454		7209		2562	8719	185		60
□										
61	EMERGENCY	34632		12207		20366	69317	14339		61
□										
62	OBSERVATION BEDS (NON-DISTINCT									62
□										
63.50	RURAL HEALTH CLINIC									
63.50										
63.60	FQHC									
63.60										
	OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC									
69.10										
69.20	OUTPATIENT PHYSICAL THERAPY									
69.20										
69.30	OUTPATIENT OCCUPATIONAL THERAPY									
69.30										
69.40	OUTPATIENT SPEECH PATHOLOGY									
69.40										
71	HOME HEALTH AGENCY	48268		17013						71
□										
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									
85.01										
85.02	INTESTINAL ACQUISITION									
85.02										
85.03	ISLET CELL ACQUISITION									
85.03										
95	SUBTOTALS	762427	80259	252571	153056	190950	310791	269120	86942	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	4103		1446						96
□										
98	PHYSICIANS' PRIVATE OFFICES	102072		17758		23114		6244		98
□										
100	RENTAL PROPERTY									100
□										
100.01	MEDICAL OFFICE BUILDINGS									
100.01										
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	868602	80259	271775	153056	214064	310791	275364	86942	103

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2010.09  
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

	COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		25	26	27	
	GENERAL SERVICE COST CENTERS				
1	OLD CAP REL COSTS-BLDG & FIXT				1
<input type="checkbox"/>					
2	OLD CAP REL COSTS-MVBLE EQUIP				2
<input type="checkbox"/>					
3	NEW CAP REL COSTS-BLDG & FIXT				3
<input type="checkbox"/>					
3.01	NEW CAPITAL - BUILDING 1				
3.01					
3.02	NEW CAPITAL - BUILDING 2				
3.02					
4	NEW CAP REL COSTS-MVBLE EQUIP				4
<input type="checkbox"/>					
5	EMPLOYEE BENEFITS				5
<input type="checkbox"/>					
6	ADMINISTRATIVE & GENERAL				6
<input type="checkbox"/>					
7	MAINTENANCE & REPAIRS				7
<input type="checkbox"/>					
8	OPERATION OF PLANT				8
<input type="checkbox"/>					
9	LAUNDRY & LINEN SERVICE				9
<input type="checkbox"/>					
10	HOUSEKEEPING				10
<input type="checkbox"/>					
11	DIETARY				11
<input type="checkbox"/>					
12	CAFETERIA				12
<input type="checkbox"/>					
13	MAINTENANCE OF PERSONNEL				13
<input type="checkbox"/>					
14	NURSING ADMINISTRATION				14
<input type="checkbox"/>					
15	CENTRAL SERVICES & SUPPLY				15
<input type="checkbox"/>					
16	PHARMACY				16
<input type="checkbox"/>					
17	MEDICAL RECORDS & LIBRARY				17
<input type="checkbox"/>					
18	SOCIAL SERVICE				18
<input type="checkbox"/>					
19	OTHER GENERAL SERVICE COST CENT				19
<input type="checkbox"/>					
20	NONPHYSICIAN ANESTHETISTS				20
<input type="checkbox"/>					
21	NURSING SCHOOL				21
<input type="checkbox"/>					
22	I&R SERVICES-SALARY & FRINGES A				22
<input type="checkbox"/>					
23	I&R SERVICES-OTHER PRGM COSTS A				23
<input type="checkbox"/>					
24	PARAMED ED PRGM-(SPECIFY)				24
<input type="checkbox"/>					
	INPATIENT ROUTINE SERV COST CENTERS				
25	ADULTS & PEDIATRICS	1729479		1729479	25
<input type="checkbox"/>					
26	INTENSIVE CARE UNIT	613845		613845	26
<input type="checkbox"/>					
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	531703		531703	37
<input type="checkbox"/>					
38	RECOVERY ROOM	93365		93365	38
<input type="checkbox"/>					
40	ANESTHESIOLOGY	311403		311403	40
<input type="checkbox"/>					
41	RADIOLOGY-DIAGNOSTIC	1424816		1424816	41
<input type="checkbox"/>					
44	LABORATORY	1527017		1527017	44
<input type="checkbox"/>					
46.30	BLOOD CLOTTING FACTORS ADMIN CO				
46.30					
48	INTRAVENOUS THERAPY	13198		13198	48
<input type="checkbox"/>					
49	RESPIRATORY THERAPY	405595		405595	49
<input type="checkbox"/>					
50	PHYSICAL THERAPY	607968		607968	50
<input type="checkbox"/>					
51	OCCUPATIONAL THERAPY				51
<input type="checkbox"/>					
52	SPEECH PATHOLOGY	4606		4606	52



55	MEDICAL SUPPLIES CHARGED TO PAT	470990	470990	55
□				
55.30	IMPL. DEV. CHARGED TO PATIENT			
55.30				
56	DRUGS CHARGED TO PATIENTS	1123944	1123944	56
□				
59	CARDIOLOGY	145733	145733	59
□				
59.97	CARDIAC REHABILITATION			
59.97				
59.98	HYPERBARIC OXYGEN THERAPY			
59.98				
59.99	LITHOTRIPSY			
59.99				
	OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	99198	99198	60
□				
61	EMERGENCY	1462780	1462780	61
□				
62	OBSERVATION BEDS (NON-DISTINCT			62
□				
63.50	RURAL HEALTH CLINIC			
63.50				
63.60	FQHC			
63.60				
	OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC			
69.10				
69.20	OUTPATIENT PHYSICAL THERAPY			
69.20				
69.30	OUTPATIENT OCCUPATIONAL THERAPY			
69.30				
69.40	OUTPATIENT SPEECH PATHOLOGY			
69.40				
71	HOME HEALTH AGENCY	1069692	1069692	71
□				
	SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION			
85.01				
85.02	INTESTINAL ACQUISITION			
85.02				
85.03	ISLET CELL ACQUISITION			
85.03				
95	SUBTOTALS	11635332	11635332	95
	NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	6137	6137	96
□				
98	PHYSICIANS' PRIVATE OFFICES	844516	844516	98
□				
100	RENTAL PROPERTY			100
□				
100.01	MEDICAL OFFICE BUILDINGS	11555	11555	
100.01				
101	CROSS FOOT ADJUSTMENTS			101
102	NEGATIVE COST CENTER			102
103	TOTAL	12497540	12497540	103

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/96)

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAPITA	NEW CAPITA	NEW CAP	CAP REL	ADMINIS-	OPERATION
	CAP-REL	BLDGS &	L - BUILDI	L - BUILDI	MOVABLE	COST TO	TRATIVE &	OF PLANT
	COSTS	FIXTURES	NG 1	NG 2	EQUIPMENT	BE ALLOC	GENERAL	
	0	3	3.01	3.02	4	4A	6	8
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAPITAL - BUILDING 1								
3.02 NEW CAPITAL - BUILDING 2								
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL		1402	2946	3251	43136	50735	50735	6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT		3832	5053	17178	117895	143958	3526	147484 8
9 LAUNDRY & LINEN SERVICE		332	974		10198	11504	227	4113 9
10 HOUSEKEEPING		296	318	1526	9106	11246	1016	3673 10
11 DIETARY		421		3425	12961	16807	452	5227 11
12 CAFETERIA		297		2415	9138	11850	750	3685 12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		164		1336	5055	6555	1152	2039 14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY		308	109	2202	9474	12093	962	3821 17
18 SOCIAL SERVICE		66		537	2032	2635	314	820 18
19 OTHER GENERAL SERVICE COST CENT								19
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		2426		19722	74626	96774	4308	30100 25
26 INTENSIVE CARE UNIT		294		2393	9055	11742	1785	3652 26
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		855		6953	26308	34116	1547	10611 37
38 RECOVERY ROOM		197		1598	6045	7840	258	2438 38
40 ANESTHESIOLOGY		23		185	699	907	1222	282 40
41 RADIOLOGY-DIAGNOSTIC		1166		9479	35865	46510	4963	14465 41
44 LABORATORY		434	1274		13335	15043	5587	5378 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								
48 INTRAVENOUS THERAPY							43	48
49 RESPIRATORY THERAPY		300		2440	9233	11973	1420	3724 49
50 PHYSICAL THERAPY		545	1600		16752	18897	2163	6756 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY							18	52

55	MEDICAL SUPPLIES CHARGED TO PAT	327	961	10059	11347	1723	4057	55
□								
55.30	IMPL. DEV. CHARGED TO PATIENT							
55.30								
56	DRUGS CHARGED TO PATIENTS	157		1275	4826	6258	4375	1946 56
□								
59	CARDIOLOGY	413		3355	12694	16462	404	5120 59
□								
59.97	CARDIAC REHABILITATION							
59.97								
59.98	HYPERBARIC OXYGEN THERAPY							
59.98								
59.99	LITHOTRIPSY							
59.99								
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	280		2276	8611	11167	244	3473 60
□								
61	EMERGENCY	474		3853	14580	18907	5326	5880 61
□								
62	OBSERVATION BEDS (NON-DISTINCT							62
□								
63.50	RURAL HEALTH CLINIC							
63.50								
63.60	FQHC							
63.60								
	OTHER REIMBURSABLE COST CENTERS							
69.10	CMHC							
69.10								
69.20	OUTPATIENT PHYSICAL THERAPY							
69.20								
69.30	OUTPATIENT OCCUPATIONAL THERAPY							
69.30								
69.40	OUTPATIENT SPEECH PATHOLOGY							
69.40								
71	HOME HEALTH AGENCY			20320	20320	4078	8196	71
□								
	SPECIAL PURPOSE COST CENTERS							
85.01	PANCREAS ACQUISITION							
85.01								
85.02	INTESTINAL ACQUISITION							
85.02								
85.03	ISLET CELL ACQUISITION							
85.03								
95	SUBTOTALS	15009	13235	85399	482003	595646	47863	129456 95
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	56		456		512	2	697 96
□								
98	PHYSICIANS' PRIVATE OFFICES	1397	4105		21209	26711	2823	17331 98
□								
100	RENTAL PROPERTY							100
□								
100.01	MEDICAL OFFICE BUILDINGS						47	
100.01								
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	16462	17340	85855	503212	622869	50735	147484 103

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/96)

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### ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
PART III

COST CENTER DESCRIPTION		LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
3.01	NEW CAPITAL - BUILDING 1								
3.02	NEW CAPITAL - BUILDING 2								
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6	ADMINISTRATIVE & GENERAL								6
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT								8
9	LAUNDRY & LINEN SERVICE	15844							9
10	HOUSEKEEPING		15935						10
11	DIETARY		636	23122					11
12	CAFETERIA		449		16734				12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION		248		842	10836			14
15	CENTRAL SERVICES & SUPPLY								15
16	PHARMACY								16
17	MEDICAL RECORDS & LIBRARY		465		631		17972		17
18	SOCIAL SERVICE		100		233			4102	18
19	OTHER GENERAL SERVICE COST CENT								19
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A								22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	12644	3662	18452	2872	4356	742	3273	177183
26	INTENSIVE CARE UNIT	3200	445	4670	1336	2029	334	829	30022
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		1291		971	1474	742		50752
38	RECOVERY ROOM		297		169	256	57		11315
40	ANESTHESIOLOGY		34				533		2978
41	RADIOLOGY-DIAGNOSTIC		1761		1822		4173		73694
44	LABORATORY		655		2155		5230		34048
BLOOD CLOTTING FACTORS ADMIN CO									
48	INTRAVENOUS THERAPY						163		206
49	RESPIRATORY THERAPY		453		661		1149		19380
50	PHYSICAL THERAPY		822		120		1291		30049
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY						4		22

55	MEDICAL SUPPLIES CHARGED TO PAT	494		380		621		18622	55
□									
55.30	IMPL. DEV. CHARGED TO PATIENT								
55.30									
56	DRUGS CHARGED TO PATIENTS	237		676		1452		14944	56
□									
59	CARDIOLOGY	623		267		126		23002	59
□									
59.97	CARDIAC REHABILITATION								
59.97									
59.98	HYPERBARIC OXYGEN THERAPY								
59.98									
59.99	LITHOTRIPSY								
59.99									
60	OUTPATIENT SERVICE COST CENTERS								
□	CLINIC	423		200	304	12		15823	60
61	EMERGENCY	716		1592	2417	936		35774	61
□									
62	OBSERVATION BEDS (NON-DISTINCT								62
□									
63.50	RURAL HEALTH CLINIC								
63.50									
63.60	FQHC								
63.60									
	OTHER REIMBURSABLE COST CENTERS								
69.10	CMHC								
69.10									
69.20	OUTPATIENT PHYSICAL THERAPY								
69.20									
69.30	OUTPATIENT OCCUPATIONAL THERAPY								
69.30									
69.40	OUTPATIENT SPEECH PATHOLOGY								
69.40									
71	HOME HEALTH AGENCY	998						33592	71
□									
	SPECIAL PURPOSE COST CENTERS								
85.01	PANCREAS ACQUISITION								
85.01									
85.02	INTESTINAL ACQUISITION								
85.02									
85.03	ISLET CELL ACQUISITION								
85.03									
95	SUBTOTALS	15844	14809	23122	14927	10836	17565	4102	571406 95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & CAN	85						1296	96
□									
98	PHYSICIANS' PRIVATE OFFICES	1041		1807		407		50120	98
□									
100	RENTAL PROPERTY								100
□									
100.01	MEDICAL OFFICE BUILDINGS							47	
100.01									
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	15844	15935	23122	16734	10836	17972	4102	622869 103

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09  
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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
1	GENERAL SERVICE COST CENTERS			1
<input type="checkbox"/>	OLD CAP REL COSTS-BLDG & FIXT			
2	OLD CAP REL COSTS-MVBLE EQUIP			2
<input type="checkbox"/>				
3	NEW CAP REL COSTS-BLDG & FIXT			3
<input type="checkbox"/>				
3.01	NEW CAPITAL - BUILDING 1			
3.01				
3.02	NEW CAPITAL - BUILDING 2			
3.02				
4	NEW CAP REL COSTS-MVBLE EQUIP			4
<input type="checkbox"/>				
5	EMPLOYEE BENEFITS			5
<input type="checkbox"/>				
6	ADMINISTRATIVE & GENERAL			6
<input type="checkbox"/>				
7	MAINTENANCE & REPAIRS			7
<input type="checkbox"/>				
8	OPERATION OF PLANT			8
<input type="checkbox"/>				
9	LAUNDRY & LINEN SERVICE			9
<input type="checkbox"/>				
10	HOUSEKEEPING			10
<input type="checkbox"/>				
11	DIETARY			11
<input type="checkbox"/>				
12	CAFETERIA			12
<input type="checkbox"/>				
13	MAINTENANCE OF PERSONNEL			13
<input type="checkbox"/>				
14	NURSING ADMINISTRATION			14
<input type="checkbox"/>				
15	CENTRAL SERVICES & SUPPLY			15
<input type="checkbox"/>				
16	PHARMACY			16
<input type="checkbox"/>				
17	MEDICAL RECORDS & LIBRARY			17
<input type="checkbox"/>				
18	SOCIAL SERVICE			18
<input type="checkbox"/>				
19	OTHER GENERAL SERVICE COST CENT			19
<input type="checkbox"/>				
20	NONPHYSICIAN ANESTHETISTS			20
<input type="checkbox"/>				
21	NURSING SCHOOL			21
<input type="checkbox"/>				
22	I&R SERVICES-SALARY & FRINGES A			22
<input type="checkbox"/>				
23	I&R SERVICES-OTHER PRGM COSTS A			23
<input type="checkbox"/>				
24	PARAMED ED PRGM-(SPECIFY)			24
<input type="checkbox"/>				
25	INPATIENT ROUTINE SERV COST CENTERS			
<input type="checkbox"/>	ADULTS & PEDIATRICS	177183		25
26	INTENSIVE CARE UNIT	30022		26
<input type="checkbox"/>				
37	ANCILLARY SERVICE COST CENTERS			
<input type="checkbox"/>	OPERATING ROOM	50752		37
<input type="checkbox"/>				
38	RECOVERY ROOM	11315		38
<input type="checkbox"/>				
40	ANESTHESIOLOGY	2978		40
<input type="checkbox"/>				
41	RADIOLOGY-DIAGNOSTIC	73694		41
<input type="checkbox"/>				
44	LABORATORY	34048		44
<input type="checkbox"/>				
46.30	BLOOD CLOTTING FACTORS ADMIN CO			
46.30				
48	INTRAVENOUS THERAPY	206		48
<input type="checkbox"/>				
49	RESPIRATORY THERAPY	19380		49
<input type="checkbox"/>				
50	PHYSICAL THERAPY	30049		50
<input type="checkbox"/>				
51	OCCUPATIONAL THERAPY			51
<input type="checkbox"/>				
52	SPEECH PATHOLOGY	22		52

55	MEDICAL SUPPLIES CHARGED TO PAT	18622	55
□			
55.30	IMPL. DEV. CHARGED TO PATIENT		
55.30			
56	DRUGS CHARGED TO PATIENTS	14944	56
□			
59	CARDIOLOGY	23002	59
□			
59.97	CARDIAC REHABILITATION		
59.97			
59.98	HYPERBARIC OXYGEN THERAPY		
59.98			
59.99	LITHOTRIPSY		
59.99			
	OUTPATIENT SERVICE COST CENTERS		
60	CLINIC	15823	60
□			
61	EMERGENCY	35774	61
□			
62	OBSERVATION BEDS (NON-DISTINCT		62
□			
63.50	RURAL HEALTH CLINIC		
63.50			
63.60	FQHC		
63.60			
	OTHER REIMBURSABLE COST CENTERS		
69.10	CMHC		
69.10			
69.20	OUTPATIENT PHYSICAL THERAPY		
69.20			
69.30	OUTPATIENT OCCUPATIONAL THERAPY		
69.30			
69.40	OUTPATIENT SPEECH PATHOLOGY		
69.40			
71	HOME HEALTH AGENCY	33592	71
□			
	SPECIAL PURPOSE COST CENTERS		
85.01	PANCREAS ACQUISITION		
85.01			
85.02	INTESTINAL ACQUISITION		
85.02			
85.03	ISLET CELL ACQUISITION		
85.03			
95	SUBTOTALS	571406	95
	NONREIMBURSABLE COST CENTERS		
96	GIFT, FLOWER, COFFEE SHOP & CAN	1296	96
□			
98	PHYSICIANS' PRIVATE OFFICES	50120	98
□			
100	RENTAL PROPERTY		100
□			
100.01	MEDICAL OFFICE BUILDINGS	47	
100.01			
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	622869	103

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## WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAPITA L - BUILDING 1 SQUARE FEET 3.01	NEW CAPITA L - BUILDING 2 SQUARE FEET 3.02	NEW CAP MOVABLE EQUIPMENT SQUARE FEET 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON- CILIATION 6A	ADMINIS- TRATIVE & GENERAL ACCUM COST 6	
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	79744							3
3.01	NEW CAPITAL - BUILDING 1		28586						3.01
3.02	NEW CAPITAL - BUILDING 2			51158					3.02
4	NEW CAP REL COSTS-MVBLE EQUIP				79245				4
5	EMPLOYEE BENEFITS					5516783			5
6	ADMINISTRATIVE & GENERAL	6793	4856	1937	6793	735401	-1620950	10876590	6
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT	18566	8330	10236	18566	149430		755943	8
9	LAUNDRY & LINEN SERVICE	1606	1606		1606	23129		48766	9
10	HOUSEKEEPING	1434	525	909	1434	151403		217701	10
11	DIETARY	2041		2041	2041	45253		96968	11
12	CAFETERIA	1439		1439	1439	103538		160750	12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	796		796	796	187323		246969	14
15	CENTRAL SERVICES & SUPPLY								15
16	PHARMACY								16
17	MEDICAL RECORDS & LIBRARY	1492	180	1312	1492	140274		206136	17
18	SOCIAL SERVICE	320		320	320	51891		67386	18
19	OTHER GENERAL SERVICE COST CE								19
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES								22
23	I&R SERVICES-OTHER PRGM COSTS								23
24	PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	11752		11752	11752	638114		923499	25
26	INTENSIVE CARE UNIT	1426		1426	1426	297185		382637	26
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	4143		4143	4143	215845		331692	37
38	RECOVERY ROOM	952		952	952	37515		55324	38
40	ANESTHESIOLOGY	110		110	110			261956	40
41	RADIOLOGY-DIAGNOSTIC	5648		5648	5648	405251		1063795	41
44	LABORATORY	2100	2100		2100	479174		1197977	44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
48	INTRAVENOUS THERAPY							9312	48
49	RESPIRATORY THERAPY	1454		1454	1454	147071		304485	49
50	PHYSICAL THERAPY	2638	2638		2638	26745		463727	50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY							3954	52
55	MEDICAL SUPPLIES CHARGED TO P	1584	1584		1584	84467		369261	55
55.30	IMPL. DEV. CHARGED TO PATIENT								55.30
56	DRUGS CHARGED TO PATIENTS	760		760	760	150305		937778	56
59	CARDIOLOGY	1999		1999	1999	59376		86687	59
59.97	CARDIAC REHABILITATION								59.97
59.98	HYPERBARIC OXYGEN THERAPY								59.98
59.99	LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	1356		1356	1356	44526		52278	60
61	EMERGENCY	2296		2296	2296	353993		1141761	61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RURAL HEALTH CLINIC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERA								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY				3200	587818		874137	71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	72705	21819	50886	75905	5115027	-1620950	10260879	95
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C	272		272				512	96
98	PHYSICIANS' PRIVATE OFFICES	6767	6767		3340	401756		605143	98
100	RENTAL PROPERTY								100
100.01	MEDICAL OFFICE BUILDINGS							10056	100.01



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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/97)

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEE T	NEW CAPITA L - BUILDI NG 1 SQUARE FEE T	NEW CAPITA L - BUILDI NG 2 SQUARE FEE T	NEW CAP MOVABLE EQUIPMENT SQUARE FEE T	EMPLOYEE BENEFITS GROSS SALA RIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	3	3.01	3.02	4	5	6A	6	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	16462	17340	85855	503212	1367204		1620950	103
104 UNIT COST MULT-WS B PT I		.606591		6.350079				104
104 UNIT COST MULT-WS B PT I	.206436		1.678232		.247826		.149031	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III							50735	107
108 UNIT COST MULT-WS B PT III								108
108 UNIT COST MULT-WS B PT III							.004665	108



PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/97)

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	SQUARE FEE T	PATIENT DA YS	SQUARE FEE T	PATIENT DA YS	GROSS SALA RIES	NURSING SA LARIES	GROSS REVE NUE	PATIENT DA YS
	8	9	10	11	12	14	17	18
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	868602	80259	271775	153056	214064	310791	275364	86942 103
104 UNIT COST MULT-WS B PT I	15.083824		5.316620		.057532		.012825	104
104 UNIT COST MULT-WS B PT I		49.881293		95.124922		.195814		54.034804 104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	147484	15844	15935	23122	16734	10836	17972	4102 107
108 UNIT COST MULT-WS B PT III	2.561153		.311730		.004497		.000837	108
108 UNIT COST MULT-WS B PT III		9.847110		14.370416		.006827		2.549410 108

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS	
1 OLD CAP REL COSTS-BLDG & FIXT	1
2 OLD CAP REL COSTS-MVBLE EQUIP	2
3 NEW CAP REL COSTS-BLDG & FIXT	3
3.01 NEW CAPITAL - BUILDING 1	3.01
3.02 NEW CAPITAL - BUILDING 2	3.02
4 NEW CAP REL COSTS-MVBLE EQUIP	4
5 EMPLOYEE BENEFITS	5
6 ADMINISTRATIVE & GENERAL	6
7 MAINTENANCE & REPAIRS	7
8 OPERATION OF PLANT	8
9 LAUNDRY & LINEN SERVICE	9
10 HOUSEKEEPING	10
11 DIETARY	11
12 CAFETERIA	12
13 MAINTENANCE OF PERSONNEL	13
14 NURSING ADMINISTRATION	14
15 CENTRAL SERVICES & SUPPLY	15
16 PHARMACY	16
17 MEDICAL RECORDS & LIBRARY	17
18 SOCIAL SERVICE	18
19 OTHER GENERAL SERVICE COST CE	19
20 NONPHYSICIAN ANESTHETISTS	20
21 NURSING SCHOOL	21
22 I&R SERVICES-SALARY & FRINGES	22
23 I&R SERVICES-OTHER PRGM COSTS	23
24 PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS	
25 ADULTS & PEDIATRICS	25
26 INTENSIVE CARE UNIT	26
ANCILLARY SERVICE COST CENTERS	
37 OPERATING ROOM	37
38 RECOVERY ROOM	38
40 ANESTHESIOLOGY	40
41 RADIOLOGY-DIAGNOSTIC	41
44 LABORATORY	44
46.30 BLOOD CLOTTING FACTORS ADMIN	46.30
48 INTRAVENOUS THERAPY	48
49 RESPIRATORY THERAPY	49
50 PHYSICAL THERAPY	50
51 OCCUPATIONAL THERAPY	51
52 SPEECH PATHOLOGY	52
55 MEDICAL SUPPLIES CHARGED TO P	55
55.30 IMPL. DEV. CHARGED TO PATIENT	55.30
56 DRUGS CHARGED TO PATIENTS	56
59 CARDIOLOGY	59
59.97 CARDIAC REHABILITATION	59.97
59.98 HYPERBARIC OXYGEN THERAPY	59.98
59.99 LITHOTRIPSY	59.99
OUTPATIENT SERVICE COST CENTERS	
60 CLINIC	60
61 EMERGENCY	61
62 OBSERVATION BEDS (NON-DISTINC	62
63.50 RURAL HEALTH CLINIC	63.50
63.60 FQHC	63.60
OTHER REIMBURSABLE COST CENTERS	
69.10 CMHC	69.10
69.20 OUTPATIENT PHYSICAL THERAPY	69.20
69.30 OUTPATIENT OCCUPATIONAL THERA	69.30
69.40 OUTPATIENT SPEECH PATHOLOGY	69.40
71 HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS	
85.01 PANCREAS ACQUISITION	85.01
85.02 INTESTINAL ACQUISITION	85.02
85.03 ISLET CELL ACQUISITION	85.03
95 SUBTOTALS	95
NONREIMBURSABLE COST CENTERS	
96 GIFT, FLOWER, COFFEE SHOP & C	96
98 PHYSICIANS' PRIVATE OFFICES	98
100 RENTAL PROPERTY	100
100.01 MEDICAL OFFICE BUILDINGS	100.01

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/97)

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	104
105	COST TO BE ALLOC PER B PT II	105
106	UNIT COST MULT-WS B PT II	106
106	UNIT COST MULT-WS B PT II	106
107	COST TO BE ALLOC PER B PT III	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	108

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (5/1999)

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	1729479		1729479		1729479	25
26 INTENSIVE CARE UNIT	613845		613845		613845	26
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	531703		531703		531703	37
38 RECOVERY ROOM	93365		93365		93365	38
40 ANESTHESIOLOGY	311403		311403		311403	40
41 RADIOLOGY-DIAGNOSTIC	1424816		1424816		1424816	41
44 LABORATORY	1527017		1527017		1527017	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	13198		13198		13198	48
49 RESPIRATORY THERAPY	405595		405595		405595	49
50 PHYSICAL THERAPY	607968		607968		607968	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	4606		4606		4606	52
55 MEDICAL SUPPLIES CHARGED TO	470990		470990		470990	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	1123944		1123944		1123944	56
59 CARDIOLOGY	145733		145733		145733	59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	99198		99198		99198	60
61 EMERGENCY	1462780		1462780		1462780	61
62 OBSERVATION BEDS (NON-DISTI	292705		292705		292705	62
63.50 RURAL HEALTH CLINIC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	10858345		10858345		10858345	101
102 LESS OBSERVATION BEDS	292705		292705		292705	102
103 TOTAL	10565640		10565640		10565640	103

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	536667		536667			25
26 INTENSIVE CARE UNIT	398612		398612			26
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	78123	808944	887067	.599394	.599394	.599394 37
38 RECOVERY ROOM	8323	59595	67918	1.374672	1.374672	1.374672 38
40 ANESTHESIOLOGY	56406	580074	636480	.489258	.489258	.489258 40
41 RADIOLOGY-DIAGNOSTIC	228319	4757790	4986109	.285757	.285757	.285757 41
44 LABORATORY	605433	5640356	6245789	.244487	.244487	.244487 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	103061	91722	194783	.067757	.067757	.067757 48
49 RESPIRATORY THERAPY	350828	1022171	1372999	.295408	.295408	.295408 49
50 PHYSICAL THERAPY	90717	1451291	1542008	.394270	.394270	.394270 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	541	4343	4884	.943079	.943079	.943079 52
55 MEDICAL SUPPLIES CHARGED TO	218527	523969	742496	.634333	.634333	.634333 55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	356833	1378492	1735325	.647685	.647685	.647685 56
59 CARDIOLOGY	16306	134166	150472	.968506	.968506	.968506 59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	30	14380	14410	6.883969	6.883969	6.883969 60
61 EMERGENCY		1118013	1118013	1.308375	1.308375	1.308375 61
62 OBSERVATION BEDS (NON-DISTI		350253	350253	.835696	.835696	.835696 62
63.50 RURAL HEALTH CLINIC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	3048726	17935559	20984285			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	3048726	17935559	20984285			103

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (8/2002)

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
PARTS V & VI

CHECK	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-1306)	[ ]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
BOXES	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
			[ ]	SUB III	[ ]	S/B-NF
			[ ]	SUB IV	[ ]	ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.599394	.599394	.599394			37
38 RECOVERY ROOM	1.374672	1.374672	1.374672			38
40 ANESTHESIOLOGY	.489258	.489258	.489258			40
41 RADIOLOGY-DIAGNOSTIC	.285757	.285757	.285757			41
44 LABORATORY	.244487	.244487	.244487			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	.067757	.067757	.067757			48
49 RESPIRATORY THERAPY	.295408	.295408	.295408			49
50 PHYSICAL THERAPY	.394270	.394270	.394270			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	.943079	.943079	.943079			52
55 MEDICAL SUPPLIES CHARGED TO PAT	.634333	.634333	.634333			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.647685	.647685	.647685			56
59 CARDIOLOGY	.968506	.968506	.968506			59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	6.883969	6.883969	6.883969			60
61 EMERGENCY	1.308375	1.308375	1.308375			61
62 OBSERVATION BEDS (NON-DISTINCT	.835696	.835696	.835696			62
63.50 RURAL HEALTH CLINIC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1
2	VACCINE CHARGES (OTHER THAN HEPATITIS B)	2
2.01	VACCINE CHARGES - HEPATITIS B	2.01
3	VACCINE COSTS (OTHER THAN HEPATITIS B)	3
3.01	VACCINE COSTS - HEPATITIS B	3.01



PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2010.09  
 11/04/2010 13:03

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-1306)	[ ]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
BOXES	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
			[ ]	SUB III	[ ]	S/B-NF
			[ ]	SUB IV	[ ]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL	PPS SER-		PPS SER-	PPS SER-	OUTPATIENT		OTHER
	OTHER (1)	VICES	ALL OTHER	VICES	VICES	AMBULATORY	OUTPATIENT	OUTPATIENT
	(SEE	(SEE	(SEE	(SEE	(SEE	SURGICAL	RADIOLOGY	DIAGNOSTIC
	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	CENTER		
	5	5.01	5.02	5.03	5.04	6	7	8

37	ANCILLARY SERVICE COST CENTERS								37
38	OPERATING ROOM	430174							38
40	RECOVERY ROOM	24007							40
41	ANESTHESIOLOGY	323952							41
44	RADIOLOGY-DIAGNOSTIC	1975321							44
46.30	LABORATORY	2814772							46.30
48	BLOOD CLOTTING FACTORS ADMIN C								48
49	INTRAVENOUS THERAPY	49844							49
50	RESPIRATORY THERAPY	515412							50
51	PHYSICAL THERAPY	544304							51
52	OCCUPATIONAL THERAPY								52
55	SPEECH PATHOLOGY	3015							55
55.30	MEDICAL SUPPLIES CHARGED TO PA	303288							55.30
56	IMPL. DEV. CHARGED TO PATIENT								56
59	DRUGS CHARGED TO PATIENTS	1021018							59
59.97	CARDIOLOGY	111372							59.97
59.98	CARDIAC REHABILITATION								59.98
59.99	HYPERBARIC OXYGEN THERAPY								59.99
60	LITHOTRIPSY								60
61	OUTPATIENT SERVICE COST CENTERS								61
62	CLINIC	7110							62
63.50	EMERGENCY	372172							63.50
63.60	OBSERVATION BEDS (NON-DISTINCT	254469							63.60
65.01	RURAL HEALTH CLINIC								65.01
65.02	FQHC								65.02
65.03	OTHER REIMBURSABLE COST CENTERS								65.03
101	AMBULANCE SERVICES (2ND PERIOD								101
102	AMBULANCE SERVICES (3RD PERIOD								102
103	AMBULANCE SERVICES (4TH PERIOD								103
104	SUBTOTAL	8750230							104
	CRNA CHARGES								
	PBP CLINIC LAB								
	NET CHARGES	8750230							

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2010.09  
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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-1306)	[ ]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
BOXES	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
			[ ]	SUB III	[ ]	S/B-NF
			[ ]	SUB IV	[ ]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	PPS		PPS		PPS	I/P PART B	I/P PART B
	ALL OTHER	SERVICES	ALL OTHER	SERVICES	SERVICES	CHARGES	COST
	(COLS 1x5)	(COLUMNS 1.01x5.01)	(COLUMNS 1.01x5.02)	(COLUMNS 1.01x5.03)	(COLUMNS 1.01x5.04)	(SEE INSTRU.)	(COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	257844						37
38 RECOVERY ROOM	33002						38
40 ANESTHESIOLOGY	158496						40
41 RADIOLOGY-DIAGNOSTIC	564462						41
44 LABORATORY	688175						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
48 INTRAVENOUS THERAPY	3377						48
49 RESPIRATORY THERAPY	152257						49
50 PHYSICAL THERAPY	214603						50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	2843						52
55 MEDICAL SUPPLIES CHARGED TO PAT	192386						55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	661298						56
59 CARDIOLOGY	107864						59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	48945						60
61 EMERGENCY	486941						61
62 OBSERVATION BEDS (NON-DISTINCT	212659						62
63.50 RURAL HEALTH CLINIC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL	3785152						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	3785152						104

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2010.09  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

		----- OLD CAPITAL -----			----- NEW CAPITAL -----		
		CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
COST CENTER DESCRIPTION		1	2	3	4	5	6
25	INPAT ROUTINE SERV COST CTRS						
26	ADULTS & PEDIATRICS				177183	56820	120363
27	INTENSIVE CARE UNIT				30022		30022
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I						
33	NURSERY						
101	TOTAL				207205		150385

		----- OLD CAPITAL -----			----- NEW CAPITAL -----		
		TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
COST CENTER DESCRIPTION		7	8	9	10	11	12
25	INPAT ROUTINE SERV COST CTRS						
26	ADULTS & PEDIATRICS	871	43			138.19	5942
27	INTENSIVE CARE UNIT	325	9			92.38	831
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I						
33	NURSERY						
101	TOTAL	1196	52				6773

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09  
 11/04/2010 13:03

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-1306) [ ] SUB III [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			CHARGES 3	PROGRAM CHARGES 4	RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		50752	887067				.057213	37
38 RECOVERY ROOM		11315	67918				.166598	38
40 ANESTHESIOLOGY		2978	636480				.004679	40
41 RADIOLOGY-DIAGNOSTIC		73694	4986109				.014780	41
44 LABORATORY		34048	6245789				.005451	44
46.30 BLOOD CLOTTING FACTORS ADMIN								
48 INTRAVENOUS THERAPY		206	194783				.001058	48
49 RESPIRATORY THERAPY		19380	1372999				.014115	49
50 PHYSICAL THERAPY		30049	1542008				.019487	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		22	4884				.004505	52
55 MEDICAL SUPPLIES CHARGED TO P		18622	742496				.025080	55
55.30 IMPL. DEV. CHARGED TO PATIENT								
56 DRUGS CHARGED TO PATIENTS		14944	1735325				.008612	56
59 CARDIOLOGY		23002	150472				.152866	59
59.97 CARDIAC REHABILITATION								
59.98 HYPERBARIC OXYGEN THERAPY								
59.99 LITHOTRIPSY								
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		15823	14410				1.098057	60
61 EMERGENCY		35774	1118013				.031998	61
62 OBSERVATION BEDS (NON-DISTINC			350253					62
63.50 RURAL HEALTH CLINIC								
63.60 FQHC								
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		330609	20049006					101

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					871		43	25
26 INTENSIVE CARE UNIT					325		9	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY								33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					1196		52	101

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-1306)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF	<input type="checkbox"/>	OTHER
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
59 CARDIOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RURAL HEALTH CLINIC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

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PERIOD FROM 07/01/2009 TO 06/30/2010

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-1306)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		887067					37
38 RECOVERY ROOM		67918					38
40 ANESTHESIOLOGY		636480					40
41 RADIOLOGY-DIAGNOSTIC		4986109					41
44 LABORATORY		6245789					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		194783					48
49 RESPIRATORY THERAPY		1372999					49
50 PHYSICAL THERAPY		1542008					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		4884					52
55 MEDICAL SUPPLIES CHARGED TO P		742496					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		1735325					56
59 CARDIOLOGY		150472					59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		14410					60
61 EMERGENCY		1118013					61
62 OBSERVATION BEDS (NON-DISTINC		350253					62
63.50 RURAL HEALTH CLINIC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		20049006					101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-1306)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
59 CARDIOLOGY					59
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RURAL HEALTH CLINIC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101



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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1306)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	1284						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	871						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	864						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	210						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	201						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	2						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	507						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	210						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	201						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1306)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	117.51						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	117.51						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1729479						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	235						25
26 TOTAL SWING-BED COST	554616						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1174863						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	756825						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4445						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	752380						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.552358						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	635.00						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	870.81						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1174863						37

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PART II

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1306)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1348.86					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	683872					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	683872					41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	613845	325	1888.75	279	526961	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (OTHER) (14-1306)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	521347					48
49 TOTAL PROGRAM INPATIENT COSTS	1732180					49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST						52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

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PART II (CONT)

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1306)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	283261					60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	271121					61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	554382					62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

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PARTS III & IV

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

1

66 SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68 PROGRAM ROUTINE SERVICE COST	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72 PER DIEM CAPITAL RELATED COSTS	72
73 PROGRAM CAPITAL RELATED COSTS	73
74 INPATIENT ROUTINE SERVICE COST	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78 INPATIENT ROUTINE SERVICE COST LIMITATION	78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	82

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PARTS III & IV

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

HOSPITAL (OTHER) (14-1306)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	217	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1348.87	84
85 OBSERVATION BED COST	292705	85

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PART I

[ ] TITLE V-INPT

[ ] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-1306)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	1284						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	871						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	864						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	210						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	201						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	2						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	43						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

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PART I (CONT)

[ ] TITLE V-INPT

[ ] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-1306)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	117.51						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	117.51						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1729479						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	235						25
26 TOTAL SWING-BED COST	554616						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1174863						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	756825						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4445						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	752380						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.552358						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	635.00						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	870.81						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1174863						37



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[ ] TITLE V-INPT

[ ] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-1306)	SUB I	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1348.86						38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	58001						39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	58001						41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)							42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	613845	325	1888.75	9	16999		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (14-1306)	SUB I	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST							48
49	TOTAL PROGRAM INPATIENT COSTS	75000						49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	6773						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	6773						52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	68227						53

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PART II (CONT)

[ ] TITLE V-INPT

[ ] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-1306)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

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PARTS III & IV

[ ] TITLE V-INPT

[ ] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

NF

66	SNF/NF/ICF/MR ROUTINE SERVICE COST	1	66
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68	PROGRAM ROUTINE SERVICE COST		68
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72	PER DIEM CAPITAL RELATED COSTS		72
73	PROGRAM CAPITAL RELATED COSTS		73
74	INPATIENT ROUTINE SERVICE COST		74
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76	TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78	INPATIENT ROUTINE SERVICE COST LIMITATION		78
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80	PROGRAM INPATIENT ANCILLARY SERVICES		80
81	UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT		[ ] TITLE XVIII-PART A		[XX] TITLE XIX-INPT	
		HOSPITAL (PPS) (14-1306)	SUB I	SUB II	SUB III SUB IV
		1	1	1	1
PART IV - COMPUTATION OF OBSERVATION BED COST					
83	TOTAL OBSERVATION BEDS	217			83
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1348.87			84
85	OBSERVATION BED COST	292705			85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL		TOTAL		OBSERVATION BED	
		ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	OBSERVATION BED COST (FROM LINE 85)	PASS-THROUGH COST COL 3 TIMES COL 4
		COST 1	2	3	4 5
86	OLD CAPITAL-RELATED COST	1174863		292705	86
87	NEW CAPITAL-RELATED COST	1174863		292705	87
88	NON PHYSICIAN ANESTHETIST	1174863		292705	88
89	MEDICAL EDUCATION	1174863		292705	89

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[XX] HOSPITAL (14-1306)	[ ] SNF	[ ] PPS
[XX] TITLE XVIII-PT A	[ ] SUB I	[ ] NF	[ ] TEFRA
[ ] TITLE XIX	[ ] SUB II	[ ] S/B-SNF	[XX] OTHER
	[ ] SUB III	[ ] S/B-NF	
	[ ] SUB IV	[ ] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		315133		25
26 INTENSIVE CARE UNIT		344267		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.599394	48754	29223	37
38 RECOVERY ROOM	1.374672	3789	5209	38
40 ANESTHESIOLOGY	.489258	37230	18215	40
41 RADIOLOGY-DIAGNOSTIC	.285757	159430	45558	41
44 LABORATORY	.244487	412519	100856	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.067757	66188	4485	48
49 RESPIRATORY THERAPY	.295408	233903	69097	49
50 PHYSICAL THERAPY	.394270	22639	8926	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.943079	198	187	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.634333	145828	92504	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.647685	220860	143048	56
59 CARDIOLOGY	.968506	4028	3901	59
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	6.883969	20	138	60
61 EMERGENCY	1.308375			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.835696			62
63.50 RURAL HEALTH CLINIC				63.50
63.60 FQHC				63.60
101 TOTAL		1355386	521347	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1355386		103

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09  
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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[ ] SNF	[ ] PPS
[XX] TITLE XVIII-PT A	[ ] SUB I	[ ] NF	[ ] TEFRA
[ ] TITLE XIX	[ ] SUB II	[XX] S/B-SNF (14-Z306)	[XX] OTHER
	[ ] SUB III	[ ] S/B-NF	
	[ ] SUB IV	[ ] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.599394			37
38 RECOVERY ROOM	1.374672			38
40 ANESTHESIOLOGY	.489258			40
41 RADIOLOGY-DIAGNOSTIC	.285757	20820	5949	41
44 LABORATORY	.244487	82930	20275	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.067757	12585	853	48
49 RESPIRATORY THERAPY	.295408	64520	19060	49
50 PHYSICAL THERAPY	.394270	66768	26325	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.943079	343	323	52
55 MEDICAL SUPPLIES CHARGED TO PAT	.634333	33106	21000	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.647685	79621	51569	56
59 CARDIOLOGY	.968506	8586	8316	59
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	6.883969	10	69	60
61 EMERGENCY	1.308375			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.835696			62
63.50 RURAL HEALTH CLINIC				63.50
63.60 FQHC				63.60
101 TOTAL		369289	153739	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		369289		103

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[XX] HOSPITAL (14-1306)	[ ] SNF	[XX] PPS
[ ] TITLE XVIII-PT A	[ ] SUB I	[ ] NF	[ ] TEFRA
[XX] TITLE XIX	[ ] SUB II	[ ] S/B-SNF	[ ] OTHER
	[ ] SUB III	[ ] S/B-NF	
	[ ] SUB IV	[ ] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.599394		37
38 RECOVERY ROOM	1.374672		38
40 ANESTHESIOLOGY	.489258		40
41 RADIOLOGY-DIAGNOSTIC	.285757		41
44 LABORATORY	.244487		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
48 INTRAVENOUS THERAPY	.067757		48
49 RESPIRATORY THERAPY	.295408		49
50 PHYSICAL THERAPY	.394270		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	.943079		52
55 MEDICAL SUPPLIES CHARGED TO PAT	.634333		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.647685		56
59 CARDIOLOGY	.968506		59
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	6.883969		60
61 EMERGENCY	1.308375		61
62 OBSERVATION BEDS (NON-DISTINCT	.835696		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RURAL HEALTH CLINIC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL SUB I SUB II SUB III SUB IV

DRG AMOUNT					
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED					1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997					2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I					3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT					3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3, PT.VI, LN.15] [PLUS LN.3.06]					3.06
3.07 SUM OF LINES 3.04-3.06					3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1					3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1					3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09					3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10					3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS					3.13
3.14 CURRENT YEAR ALLOWABLE FTE					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..					3.16
					RES. IN
					INIT YRS
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO					3.17



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL SUB I SUB II SUB III SUB IV

3.18	CURRENT YEAR RESIDENT TO BED RATIO					3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO					3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19					3.20
3.21	IME PAYMENTS FOR DSCGHS OCCURRING PRIOR TO OCTOBER 1					3.21
3.22	IME PAYMENTS FOR DSCGHS AFTER SEP 30 BUT BEFORE JAN 1					3.22
3.23	IME PAYMENTS FOR DSCGHS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES] [PLUS E-3,PT.VI] [ 3.21-3.23 ] [ LINE 23 ]					3.23
3.24	SUM OF LINES 3.21-3.23	0	0			3.24
	DISPROPORTIONATE SHARE ADJUSTMENT					
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS					4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS					4.01
4.02	SUM OF 4 AND 4.01					4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE					4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT					4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES					
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL					6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS					8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL					9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT					11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL					16
17	PRIMARY PAYER PAYMENTS					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES					18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES					19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES					20
21	REIMBURSABLE BAD DEBTS					21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS					21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					21.02
22	SUBTOTAL					22

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER					26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS					28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1306) 1	HOSPITAL (14-1306) 1.01	HOSPITAL (14-1306) 1.02	
1 MEDICAL AND OTHER SERVICES	3785152			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	3785152			5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3823004			17
17.01 TOTAL PPS PAYMENTS				17.01

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1306) 1	HOSPITAL (14-1306) 1.01	HOSPITAL (14-1306) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES	38689		18
18.01 COINSURANCE	1189775		18.01
19 SUBTOTAL	2594540		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	2594540		23
24 PRIMARY PAYER PAYMENTS	613		24
25 SUBTOTAL	2593927		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	157170		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	157170		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	2751097		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	2751097		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2824505		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-73408		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	22982		36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
HOSPITAL (14-1306)

WORKSHEET E-1

		INPATIENT			
		PART A		PART B	
DESCRIPTION		MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
		1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			1218604		2831331
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.			NONE		10716
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01	12/23/2009	65413		3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02	05/07/2010	273309		3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03			NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50			12/23/2009	13365
	PROVIDER .51			05/07/2010	4177
	TO .52		NONE		3.51
	PROGRAM .53				3.52
	.54				3.53
SUBTOTAL	.99		338722		-17542
4 TOTAL INTERIM PAYMENTS			1557326		2824505
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02		NONE		5.02
	PROVIDER .03			NONE	5.03
	PROVIDER .50				5.50
	TO .51		NONE		5.51
	PROGRAM .52			NONE	5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01		48427		6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY			1605753		2751097
NAME OF INTERMEDIARY:			INTERMEDIARY NUMBER:		
SIGNATURE OF AUTHORIZED PERSON:			DATE (MO/DAY/YR):		

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WORKSHEET E-1

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
SWING BED SKILLED NURSING FACILITY (14-Z306)

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		592494			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 TO .04 PROVIDER .05 TO .50 PROVIDER .51 TO .52 PROGRAM .53 .54	12/12/2009 10080 05/07/2010 87089		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	97169			3.99
4 TOTAL INTERIM PAYMENTS		689663			4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	22978			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		712641			7
NAME OF INTERMEDIARY:	INTERMEDIARY NUMBER:				
SIGNATURE OF AUTHORIZED PERSON:	DATE (MO/DAY/YR):				

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/1999)

VERSION: 2010.09  
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CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

SUPPLEMENTAL  
WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V S/B NF	---	TITLE XVIII --- S/B SNF S/B SNF PART A PART B (14-Z306) (14-Z306)	---	TITLE XIX --- S/B SNF S/B NF	
	1		1 2		1 1	
1 INPATIENT ROUTINE SERVICES - SWING BED - SNF			559926			1
2 INPATIENT ROUTINE SERVICES - SWING BED - NF						2
3 ANCILLARY SERVICES			155276			3
4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM						4
5 PROGRAM DAYS			411			5
6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM						6
7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY						7
8 SUBTOTAL			715202			8
9 PRIMARY PAYER PAYMENTS						9
10 SUBTOTAL			715202			10
11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)						11
12 SUBTOTAL			715202			12
13 COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)			2561			13
14 80% OF PART B COSTS						14
15 SUBTOTAL			712641			15
16 OTHER ADJUSTMENTS						16
17 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)						17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES						17.01
18 TOTAL			712641			18
19 SEQUESTRATION ADJUSTMENT						19
20 INTERIM PAYMENTS			689663			20
20.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						20.01
21 BALANCE DUE PROVIDER/PROGRAM			22978			21
22 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			4303			22

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/1999)

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1306)	SUB I	SUB II	SUB III	SUB IV	SNF I	
1 INPATIENT SERVICES	1732180						1
1.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)							1.01
2 ORGAN ACQUISITION							2
3 COST OF TEACHING PHYSICIANS							3
4 SUBTOTAL	1732180						4
5 PRIMARY PAYER PAYMENTS							5
6 TOTAL COST	1749502						6
COMPUTATION OF LESSER OF COST OR CHARGES							
REASONABLE CHARGES							
7 ROUTINE SERVICE CHARGES							7
8 ANCILLARY SERVICE CHARGES							8
9 ORGAN ACQUISITION CHARGES, NET OF REVENUE							9
10 TEACHING PHYSICIANS							10
11 TOTAL REASONABLE CHARGES							11
12 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENT LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS							12
13 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13 (E)							13
14 RATIO OF LINE 12 TO LINE 13							14
15 TOTAL CUSTOMARY CHARGES							15
16 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							16
17 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							17



PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1306)	SUB I	SUB II	SUB III	SUB IV	SNF I	
COMPUTATION OF REIMBURSEMENT SETTLEMENT							18
18 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							19
19 COST OF COVERED SERVICES	1749502						20
20 DEDUCTIBLES	186143						21
21 EXCESS REASONABLE COST							22
22 SUBTOTAL	1563359						23
23 COINSURANCE							24
24 SUBTOTAL	1563359						25
25 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	42394						25.01
25.01 REDUCED REIMBURSABLE BAD DEBTS	42394						25.02
25.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)							26
26 SUBTOTAL	1605753						27
27 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION							28
28 OTHER ADJUSTMENTS							29
29 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS							30
30 SUBTOTAL	1605753						31
31 SEQUESTRATION ADJUSTMENT							32
32 INTERIM PAYMENTS	1557326						32.01
32.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)							33
33 BALANCE DUE PROVIDER/PROGRAM	48427						34
34 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	10522						

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
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CALCULATION OF REIMBURSEMENT SETTLEMENT  
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
PART III

[ ] TITLE V		[ ] TITLE XVIII		[XX] TITLE XIX			NF I	
		HOSPITAL (14-1306) (PPS)	SUB I	SUB II	SUB III	SUB IV		
COMPUTATION OF NET COST OF COVERED SERVICES		1	1	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES							1
2	MEDICAL AND OTHER SERVICES							2
3	INTERNS AND RESIDENTS							3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							4
5	COST OF TEACHING PHYSICIANS							5
6	SUBTOTAL							6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL							9
COMPUTATION OF LESSER OF COST OR CHARGES								
10	ROUTINE SERVICE CHARGES							10
11	ANCILLARY SERVICE CHARGES							11
12	INTERNS AND RESIDENTS SERVICE CHARGES							12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE							13
14	TEACHING PHYSICIANS							14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION							15
16	TOTAL REASONABLE CHARGES							16
CUSTOMARY CHARGES								
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							18
19	RATIO OF LINE 17 TO LINE 18							19
20	TOTAL CUSTOMARY CHARGES							20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							22
23	COST OF COVERED SERVICES							23
PROSPECTIVE PAYMENT AMOUNT								
24	OTHER THAN OUTLIER PAYMENTS							24
25	OUTLIER PAYMENTS							25
26	PROGRAM CAPITAL PAYMENTS							26
27	CAPITAL EXCEPTION PAYMENTS							27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS							28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS							29
30	SUBTOTAL							30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED							31
32	LESSER OF LINES 30 OR 31							32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							33

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
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CALCULATION OF REIMBURSEMENT SETTLEMENT  
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
PART III

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

HOSPITAL  
(14-1306)  
(PPS)

SUB I

SUB II

SUB III

SUB IV

NF I

1

1

1

1

1

1

	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
34	EXCESS OF REASONABLE COST	34
35	SUBTOTAL	35
36	COINSURANCE	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,	37
38	REIMBURSABLE BAD DEBTS	38
38.01	REDUCED REIMBURSABLE BAD DEBTS	38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE	38.02
	BENEFICIARIES (SEE INSTRUCTIONS)	
39	UTILIZATION REVIEW	39
40	SUBTOTAL	40
41	INPATIENT ROUTINE SERVICE COST	41
42	MEDICARE INPATIENT ROUTINE CHARGES	42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE	43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM	44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN	
	ACCORDANCE WITH 42 CFR 413.13(E)	
45	RATIO OF LINE 43 TO LINE 44	45
46	TOTAL CUSTOMARY CHARGES	46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM	49
	UTILIZATION	
50	OTHER ADJUSTMENTS	50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING	51
	DEPRECIABLE ASSETS	
52	SUBTOTAL	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT	53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	55
56	SEQUESTRATION ADJUSTMENT	56
57	INTERIM PAYMENTS	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)	57.01
58	BALANCE DUE PROVIDER/PROGRAM	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT	59
	SECTION 115.2	

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2622901			1
2	TEMPORARY INVESTMENTS	1550000			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	4081690			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2109719			6
7	INVENTORY	274090			7
8	PREPAID EXPENSES	175864			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	6594826			11
FIXED ASSETS					
12	LAND	443004			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	269258			13
13.01	ACCUMULATED DEPRECIATION	-143674			13.01
14	BUILDINGS	3863357			14
14.01	ACCUMULATED DEPRECIATION	-2200008			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	2052899			16
16.01	ACCUMULATED DEPRECIATION	-1949479			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	3997609			18
18.01	ACCUMULATED DEPRECIATION	-2718573			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	3614393			21
OTHER ASSETS					
22	INVESTMENTS	2370150			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS				25
26	TOTAL OTHER ASSETS	2370150			26
27	TOTAL ASSETS	12579369			27
LIABILITIES AND FUND BALANCES		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	622313			28
29	SALARIES, WAGES & FEES PAYABLE	608001			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	203624			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	40000			35
36	TOTAL CURRENT LIABILITIES	1473938			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	917104			37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES				41
42	TOTAL LONG TERM LIABILITIES	917104			42
43	TOTAL LIABILITIES	2391042			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	10188327			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	10188327			51
52	TOTAL LIABILITIES AND FUND BALANCES	12579369			52

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

GENERAL FUND  
1

SPECIFIC PURPOSE FUND  
2

ENDOWMENT FUND  
3

PLANT FUND  
4

1	FUND BALANCES AT BEGINNING OF PERIOD	9757923			1
2	NET INCOME (LOSS)	430404			2
3	TOTAL	10188327			3
4	ADDITIONS (CREDIT ADJUSTMENTS)				4
5					5
6					6
7					7
8					8
9					9
10	TOTAL ADDITIONS				10
11	SUBTOTAL	10188327			11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13					13
14					14
15					15
16					16
17					17
18	TOTAL DEDUCTIONS				18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	10188327			19

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/96)

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES	805184		805184	1
2 HOSPITAL				2
3 SUBPROVIDER I				4
4 SWING BED - SNF	130095		130095	5
5 SWING BED - NF				6
6 SKILLED NURSING FACILITY				7
7 NURSING FACILITY				8
8 OTHER LONG TERM CARE				9
9 TOTAL GENERAL INPATIENT CARE SERVICES	935279		935279	10
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
11 INTENSIVE CARE UNIT				12
12 CORONARY CARE UNIT				13
13 BURN INTENSIVE CARE UNIT				14
14 SURGICAL INTENSIVE CARE UNIT				15
15 OTHER SPECIAL CARE (SPECIFY)				16
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	935279		935279	17
17 TOTAL INPATIENT ROUTINE CARE SERVICES	2115482		2115482	18
18 ANCILLARY SERVICES				18.50
18.50 OUTPATIENT SERVICES		19616467	19616467	18.60
18.60 RURAL HEALTH CLINIC				19
19 FQHC				20
20 HOME HEALTH AGENCY		989173	989173	21
21 AMBULANCE				22
22 CORF				23
23 ASC				24
24 HOSPICE				25
25 TOTAL PATIENT REVENUES	3050761	20605640	23656401	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		12991863	26
27 BAD DEBT EXPENSE	1074830		27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		1074830	33
34 ROUNDING			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		14066693	40

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION		
1	TOTAL PATIENT REVENUES	23656401 1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	9425101 2
3	NET PATIENT REVENUES	14231300 3
4	LESS - TOTAL OPERATING EXPENSES	14066693 4
5	NET INCOME FROM SERVICE TO PATIENTS	164607 5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	15000 6
7	INCOME FROM INVESTMENTS	86026 7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE	9
10	PURCHASE DISCOUNTS	10
11	REBATES AND REFUNDS OF EXPENSES	31808 11
12	PARKING LOT RECEIPTS	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	36668 14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	1031 16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	6379 18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	20
21	RENTAL OF VENDING MACHINES	21
22	RENTAL OF HOSPITAL SPACE	35540 22
23	GOVERNMENTAL APPROPRIATIONS	37268 23
24	DIABETIC CONSULTANT	945 24
24.01	X-RAY FILM COPYING	280 24.01
24.02	INSERVICE EDUCATION	846 24.02
24.03	CARDIAC REHAB	6380 24.03
24.04	PUBIC RELATIONS	24.04
24.05	LOSS ON DISPOSAL OF ASSETS	525 24.05
24.06	MISCELLANEOUS	8101 24.06
24.07	HOME HEALTH CONSULTANT	24.07
24.08	ROUNDING	24.08
25	TOTAL OTHER INCOME	266797 25
26	TOTAL	431404 26
27	SCHOLARSHIP	1000 27
28		28
29		29
30	TOTAL OTHER EXPENSES	1000 30
31	NET INCOME (OR LOSS) FOR THE PERIOD	430404 31

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7166

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES					5079	5079 1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION			46018			46018 4
5 ADMINISTRATIVE AND GENERAL	101749				12665	114414 5
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	375109					375109 6
7 PHYSICAL THERAPY	39681			28500		68181 7
8 OCCUPATIONAL THERAPY				12946		12946 8
9 SPEECH PATHOLOGY				3300		3300 9
10 MEDICAL SOCIAL SERVICES	32018					32018 10
11 HOME HEALTH AIDE	39261					39261 11
12 SUPPLIES					11814	11814 12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	587818		46018	44746	29558	708140 24



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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7166

WORKSHEET H  
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES		5079		5079	1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION		46018		46018	4
5 ADMINISTRATIVE AND GENERAL		114414		114414	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE		375109		375109	6
7 PHYSICAL THERAPY		68181		68181	7
8 OCCUPATIONAL THERAPY		12946		12946	8
9 SPEECH PATHOLOGY		3300		3300	9
10 MEDICAL SOCIAL SERVICES		32018		32018	10
11 HOME HEALTH AIDE		39261		39261	11
12 SUPPLIES		11814		11814	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL		708140		708140	24

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (05/2007)

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COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7166

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6	
GENERAL SERVICE COST CENTER									
1 CAPITAL RELATED-BLDG & FIXT	5079	5079							1
2 CAPITAL RELATED-MOVABLE EQUIP									2
3 PLANT OPERATION & MAINTENANCE		5079		5079					3
4 TRANSPORTATION	46018				46018				4
5 ADMINISTRATIVE AND GENERAL	114414			5079		119493	119493		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	375109				28839	403948	82000	485948	6
7 PHYSICAL THERAPY	68181				8886	77067	15644	92711	7
8 OCCUPATIONAL THERAPY	12946					12946	2628	15574	8
9 SPEECH PATHOLOGY	3300				1073	4373	888	5261	9
10 MEDICAL SOCIAL SERVICES	32018				1709	33727	6846	40573	10
11 HOME HEALTH AIDE	39261				5511	44772	9089	53861	11
12 SUPPLIES	11814					11814	2398	14212	12
13 DRUGS									13
13.20 COST OF ADMINISTERING VACCINES									13.20
14 DME									14
HHA NONREIMBURSABLE SERVICES									
15 HOME DIALYSIS AIDE SERVICES									15
16 RESPIRATORY THERAPY									16
17 PRIVATE DUTY NURSING									17
18 CLINIC									18
19 HEALTH PROMOTION ACTIVITIES									19
20 DAY CARE PROGRAM									20
21 HOME DELIVERED MEALS PROGRAM									21
22 HOMEMAKER SERVICE									22
23 ALL OTHERS									23
23.50 TELEMEDICINE									23.50
24 TOTAL	708140	5079		5079	46018	708140		708140	24

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7166

WORKSHEET H-4  
PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT	3200						1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE	3200		3200				3
4 TRANSPORTATION				46017			4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES			3200		-119493	588647	5
6 SKILLED NURSING CARE				28838		403948	6
7 PHYSICAL THERAPY				8886		77067	7
8 OCCUPATIONAL THERAPY						12946	8
9 SPEECH PATHOLOGY				1073		4373	9
10 MEDICAL SOCIAL SERVICES				1709		33727	10
11 HOME HEALTH AIDE				5511		44772	11
12 SUPPLIES						11814	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL	3200		3200	46017	-119493	588647	24
25 COST TO BE ALLOC (PER W/S H)	5079		5079	46018		119493	25
26 UNIT COST MULTIPLIER	1.587188		1.587188	1.000022		.202996	26

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WORKSHEET H-5  
PART I

[illegible]





PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (05/2007)

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7166

WORKSHEET H-5  
 PART I

HHA COST CENTER	NURSING SCHOOL 21	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	
1 ADMINISTRATIVE AND GENERAL					117603		117603		1
2 SKILLED NURSING CARE					665187		665187	82165	2
3 PHYSICAL THERAPY					117827		117827	14554	3
4 OCCUPATIONAL THERAPY					17895		17895	2210	4
5 SPEECH PATHOLOGY					6045		6045	747	5
6 MEDICAL SOCIAL SERVICES					55737		55737	6885	6
7 HOME HEALTH AIDE					73068		73068	9025	7
8 SUPPLIES					16330		16330	2017	8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS					1069692		1069692	117603	20
21 UNIT COST MULTIPLIER								.123521	21

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7166

WORKSHEET H-5  
PART I

HHA COST CENTER	TOTAL HHA COSTS 29	
1 ADMINISTRATIVE AND GENERAL		1
2 SKILLED NURSING CARE	747352	2
3 PHYSICAL THERAPY	132381	3
4 OCCUPATIONAL THERAPY	20105	4
5 SPEECH PATHOLOGY	6792	5
6 MEDICAL SOCIAL SERVICES	62622	6
7 HOME HEALTH AIDE	82093	7
8 SUPPLIES	18347	8
9 DRUGS		9
9.20 COST OF ADMINISTERING VACC		9.20
10 DME		10
11 HOME DIALYSIS AIDE SERVICE		11
12 RESPIRATORY THERAPY		12
13 PRIVATE DUTY NURSING		13
14 CLINIC		14
15 HEALTH PROMOTION ACTIVITIE		15
16 DAY CARE PROGRAM		16
17 HOME DELIVERED MEALS PROGR		17
18 HOMEMAKER SERVICE		18
19 ALL OTHERS		19
19.50 TELEMEDICINE		19.50
20 TOTALS	1069692	20
21 UNIT COST MULTIPLIER		21



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7166

WORKSHEET H-5  
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES NO ASSIGNM ENT	OLD CAP MOVABLE EQUIPMENT NO ASSIGNM ENT	NEW CAP BLDGS & FIXTURES SQUARE FEE T	NEW CAPITA L - BUILDI NG 1 SQUARE FEE T	NEW CAPITA L - BUILDI NG 2 SQUARE FEE T	NEW CAP MOVABLE EQUIPMENT SQUARE FEE T	EMPLOYEE BENEFITS GROSS SALA RIES	RECON- CILATION
	1	2	3	3.01	3.02	4	5	6A
1 ADMINISTRATIVE AND GENERAL						3200	101749	1
2 SKILLED NURSING CARE							375109	2
3 PHYSICAL THERAPY							39681	3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES							32018	6
7 HOME HEALTH AIDE							39261	7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS						3200	587818	20
21 TOTAL COST TO BE ALLOCATED						20320	145677	21
22 UNIT COST MULTIPLIER							.247827	22
22 UNIT COST MULTIPLIER						6.350000		22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
STATISTICAL BASIS

HHA NO.: 14-7166

WORKSHEET H-5  
PART II

HHA COST CENTER	NURSING ADMINIS- TRATION NURSING LARIES	CENTRAL SERVICES & SUPPLY SA NO ASSIGNM ENT	PHARMACY NO ASSIGNM ENT	MEDICAL RECORDS & LIBRARY GROSS REVE NUE	SOCIAL SERVICE PATIENT DA YS	OTHER GENERAL SERVICE NO ASSIGNM ENT	NONPHYSIC. ANESTHET. NO ASSIGNM ENT	NURSING SCHOOL ASSIGNED TIME
	14	15	16	17	18	19	20	21
1 ADMINISTRATIVE AND GENERAL								1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS								20
21 TOTAL COST TO BE ALLOCATED								21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER								22

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
STATISTICAL BASIS

HHA NO.: 14-7166

WORKSHEET H-5  
PART II

HHA COST CENTER	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED EDUCATION ASSIGNED TIME 24	
1 ADMINISTRATIVE AND GENERAL				1
2 SKILLED NURSING CARE				2
3 PHYSICAL THERAPY				3
4 OCCUPATIONAL THERAPY				4
5 SPEECH PATHOLOGY				5
6 MEDICAL SOCIAL SERVICES				6
7 HOME HEALTH AIDE				7
8 SUPPLIES				8
9 DRUGS				9
9.20 COST OF ADMINISTERING VACC				9.20
10 DME				10
11 HOME DIALYSIS AIDE SERVICE				11
12 RESPIRATORY THERAPY				12
13 PRIVATE DUTY NURSING				13
14 CLINIC				14
15 HEALTH PROMOTION ACTIVITIE				15
16 DAY CARE PROGRAM				16
17 HOME DELIVERED MEALS PROGR				17
18 HOMEMAKER SERVICE				18
19 ALL OTHERS				19
19.50 TELEMEDICINE				19.50
20 TOTALS				20
21 TOTAL COST TO BE ALLOCATED				21
22 UNIT COST MULTIPLIER				22
22 UNIT COST MULTIPLIER				22

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (05/2007)

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7166

WORKSHEET H-6  
PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR  
THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE						
		1		2	3	4	5	
1	SKILLED NURSING CARE	2	747352		747352	4707	158.77	1
2	PHYSICAL THERAPY	3	132381		132381	1018	130.04	2
3	OCCUPATIONAL THERAPY	4	20105		20105	102	197.11	3
4	SPEECH PATHOLOGY	5	6792		6792	54	125.78	4
5	MEDICAL SOCIAL SERV	6	62622		62622	85	736.73	5
6	HOME HEALTH AIDE SERV	7	82093		82093	627	130.93	6
7	TOTAL		1051345		1051345	6593		7
LIMITATION COST COMPUTATION								
PATIENT SERVICES			MSA NO.				PROGRAM COST LIMITS	
		1		2	3	4	5	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE						
		1		2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	18347		18347	29718	.617370	15
16	COST OF DRUGS	9				963		16
16.20	COST OF ADMINISTERING VACCINES 9.20							16.20
PER BENEFICIARY COST LIMITATION:						MSA NO.	AMOUNT	
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

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WORKSHEET H-6  
PARTS I & II  
(CONTINUED)

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
		PART B		PART B		
		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
PATIENT SERVICES		PART A		PART A		
		6	7	9	10	11
1	SKILLED NURSING CARE	1312	2240	208306	355645	563951
2	PHYSICAL THERAPY	375	394	48765	51236	100001
3	OCCUPATIONAL THERAPY	20	39	3942	7687	11629
4	SPEECH PATHOLOGY	7	37	880	4654	5534
5	MEDICAL SOCIAL SERV	17	62	12524	45677	58201
6	HOME HEALTH AIDE SERV	166	461	21734	60359	82093
7	TOTAL	1897	3233	296151	525258	821409

LIMITATION COST COMPUTATION		PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST	
		PART B		PART B			
		NOT SUBJ TO	SUBJECT TO	NOT SUBJ TO	SUBJECT TO		
PATIENT SERVICES	PART A	DEDUCTIBLES & COINSUR	DEDUCTIBLES & COINSUR	PART A	DEDUCTIBLES & COINSUR	DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
8	SKILLED NURSING CARE						8
9	PHYSICAL THERAPY						9
10	OCCUPATIONAL THERAPY						10
11	SPEECH PATHOLOGY						11
12	MEDICAL SOCIAL SERV						12
13	HOME HEALTH AIDE SERV						13
14	TOTAL						14

SUPPLIES AND DRUGS		PROGRAM COVERED CHARGES				COST OF SERVICES			
COST COMPUTATIONS		PART B DEDUCT. & COINSUR.				PART B DEDUCT. & COINSUR.			
		FEE		NOT		FEE		NOT	
OTHER PATIENT SERVICES		PART A	REIMBURSED	SUBJECT TO	SUBJECT TO	PART A	REIMBURSED	SUBJECT TO	SUBJECT TO
		6	7	7.01	8	9	10	10.01	11
15	COST OF MEDICAL SUPPLIES	9737	16350			6011	10094		
16	COST OF DRUGS		910						
16.20	COST OF ADMINISTERING VA								

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WORKSHEET H-6  
PARTS II &

CHECK APPLICABLE BOX:      ☐ TITLE V              ☒ TITLE XVIII              ☐ TITLE XIX

FROM PART I			PROGRAM VISITS		PROGRAM COST		PROGRAM	
	COL. 5	COST PER VISIT	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	VISITS ON OR AFTER 1/1/99	
1	1	2	2.01	3	3.01	4	5	
1	PHYSICAL THERAPY	2	130.04					
2	OCCUPATIONAL THERAPY	3	197.11					
3	SPEECH PATHOLOGY	4	125.78					
4	TOTAL							

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CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7166

WORKSHEET H-7  
PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	PART B		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
2 TOTAL CHARGES	286404		472983	2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES				6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST				7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	374177	633208	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	10707	27529	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	1448	1628	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	386332	662365	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	386332	662365	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	386332	662365	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	386332	662365	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	386332	662365	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	386332	662365	24
25 TOTAL INTERIM PAYMENTS	386333	662364	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM	-1	1	26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27



PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09  
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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S  
FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7166

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		386333		662364	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04				3.05
	TO .05				3.50
	PROGRAM .50				3.51
	PROVIDER .51				3.52
	TO .52	NONE		NONE	3.53
	PROGRAM .53				3.54
	PROGRAM .54				3.99
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		386333		662364	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				
	PROVIDER .01			1	6.01
	PROVIDER TO .02	-1			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		386332		662365	7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-1306)	HOSPITAL (14-1306)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT				4.03
	DISPROPORTIONATE SHARE ADJUSTMENT				
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
3.01 NEW CAPITAL - BUILDING 1						3.01
3.02 NEW CAPITAL - BUILDING 2						3.02
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6 ADMINISTRATIVE & GENERAL						6
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						17
18 SOCIAL SERVICE						18
19 OTHER GENERAL SERVICE COST CEN						19
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES						22
23 I&R SERVICES-OTHER PRGM COSTS						23
24 PARAMED ED PRGM- (SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN C						46.30
48 INTRAVENOUS THERAPY						48
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
55 MEDICAL SUPPLIES CHARGED TO PA						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
59 CARDIOLOGY						59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RURAL HEALTH CLINIC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS						95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CA						96
98 PHYSICIANS' PRIVATE OFFICES						98
100 RENTAL PROPERTY						100
100.01 MEDICAL OFFICE BUILDINGS						100.01

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 CMS-2552-96 - SUMMARY REPORT 97

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\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A	PART B	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	
	1	2	3	4	5	6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	58.21		4.94				63.15 25
26 INTENSIVE CARE UNIT	85.85		2.77				88.62 26
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	5.50	48.49					53.99 37
38 RECOVERY ROOM	5.58	35.35					40.93 38
40 ANESTHESIOLOGY	5.85	50.90					56.75 40
41 RADIOLOGY-DIAGNOSTIC	3.20	39.62					42.82 41
44 LABORATORY	6.60	45.07					51.67 44
48 INTRAVENOUS THERAPY	33.98	25.59					59.57 48
49 RESPIRATORY THERAPY	17.04	37.54					54.58 49
50 PHYSICAL THERAPY	1.47	35.30					36.77 50
52 SPEECH PATHOLOGY	4.05	61.73					65.78 52
55 MEDICAL SUPPLIES CHARGED TO PAT	19.64	40.85					60.49 55
56 DRUGS CHARGED TO PATIENTS	12.73	58.84					71.57 56
59 CARDIOLOGY	2.68	74.02					76.70 59
60 CLINIC	0.14	49.34					49.48 60
61 EMERGENCY		33.29					33.29 61
62 OBSERVATION BEDS (NON-DISTINCT		72.65					72.65 62
101 TOTAL CHARGES	6.46	41.70					48.16 101

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM  
 CMS-2552-96 - SUMMARY REPORT 98

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COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
60 CLINIC	30076	.24	69122	1.45	99198	.79	60
61 EMERGENCY	1035125	8.28	427655	9.00	1462780	11.70	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RURAL HEALTH CLINIC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	708140	5.67	361552	7.61	1069692	8.56	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			6137	.13	6137	.05	96
98 PHYSICIANS' PRIVATE OFFICES	478866	3.83	365650	7.70	844516	6.76	98
100 RENTAL PROPERTY							100
100.01 MEDICAL OFFICE BUILDINGS	10056	.08	1499	.03	11555	.09	100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	12497540	100.00	0	.00	12497540	100.00	103

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\*\*\*\* THIS PROVIDER IS NOT A PPS HOSPITAL

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPFS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	3567706
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPFS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	8202911
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.435